

Periodicity

Biannual

Volume 1, Number 1

January - 1991

Acta Clinica Scientia

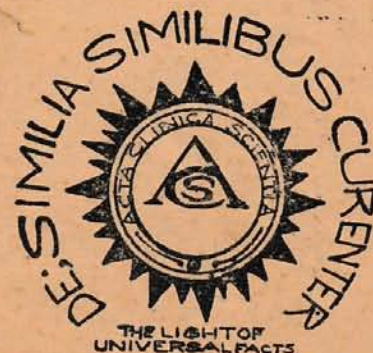
An International Journal of Modern Scientific Medicine

Edited & Published by:

KEN MAC. ARIF ISMAIL "MAISHI"

P. O. Box No. 15 (G. P. O.)

BHOPAL - 462001 INDIA



An International Journal of Modern Scientific Medicine

EDITOR :

Ken Mac Arif Ismail "MAISHI"

ASSOCIATE EDITORS :

Prof. S. A. Chaghtai, M. Sc., M. Phil., Ph. D.

Prof. S. S. Khan, M. Sc.

Dr. S. A. Iqbal, M. Sc., Ph. D.

Dr. A. H. Ansari, M. Sc., Ph. D.

Dr. Sundeep Jha, DHMS, B.H.M.S.
D. Hom. (London)

ADVISORY BOARD

1. Prof. Ramayya, N. (Hyderabad).
2. Prof. Haque, S. (Muzaffarpur).
3. Dr. D. Castro, J. B. (Chandigarh).
4. Dr. Rastogi, D. P. (Delhi).
5. Dr. Khan, L. M. (Calcutta).
6. Dr. Das, T. (Orissa).
7. Dr. Khan, M. R. (Bhopal).
8. Dr. Mishra, A. N. (Bhopal).
9. Dr. Ansari, A. J. (Bhopal).
10. Dr. Pandey, R. R. (Ratlam).
11. Dr. Tomar, V. S. (Gwalior).
12. Dr. Bhardwaj, S. R. (Bhopal).
13. Mr. Jain, R. K. (Bhopal).

14. Dr. Paliwal, J. P. (Bhopal).
15. Dr. Khan, M. S. (Bhopal).
16. Dr. Ali, S. Ashfaq. (Bhopal).
17. Dr. Islam, S. R. (Delhi).
18. Dr. Lehman Tofal, S. (U.K.).
19. Dr. Keb. I., Messativ (Australia).
20. Prof. Gibbons, L. S. (U.K.).
21. Dr. Sturt Jenga, (U.A.E.).
22. Dr. Salam Jafri. (Pak).
23. Dr. Nister Zerchonova. (U.S.S.R.).
24. Dr. Jopling Bernard. (U.S.A.).
25. Dr. Pradhana, N. (Nepal).
26. Prof. Estan Mac Iona. (Japan).
27. Dr. Maudan H, Dum. (Germany).
28. Dr. Minaj-ul-Haque. (Pakistan).
29. Dr. (Miss) Chinun Laur, F. (China).
30. Dr. Finley Ducoden. (Rome).
31. Prof. Deakin-Fau Philip. (London).
32. Dr. Parkson Illingworth. (London).
33. Dr. Goldstone Jewsburny. (U.S.A.).
34. Prof. Shah, Devender. (Kanpur).
35. Dr. Shing Vijay Raj. (Delhi).
36. Dr. (Miss) Nanda, Sunita. (Banaras).
37. Dr. Mitra, Koshal. (Allahabad).

ANNUAL SUBSCRIPTION

Individual	: Rs. 50/- (\$ 30)
Institution	: Rs. 125/- (\$ 65)
Life Member (Individual):	Rs. 500/- (\$ 300)
Life Member (Institution):	Rs. 1250/- (\$ 650)
Students	: Rs. 30/- (\$ 20)
Interne's & H. Physicians	: Rs. 40/- (\$ 25)

ADVERTISEMENT TARIFF

Full Page	: Rs. 2000/- (\$ 300)
Half Page	; Rs. 1500/- (\$ 250)
Quarter Page:	Rs. 800/- (\$ 150)
Block Making if, any charges shall be extra.	

Postal Charges for Mailing reprints :

Inland : (Rs. 20/-) Foreign : Via Surface Mail (\$ 5) Via Airmail (US \$ 10)

Subscriptions, cost of reprints, etc. may be sent by Bank Draft, UNESCO COUPONS drawn in favour of : *Acta Clinica Scientia* Bhopal — 462 001 — INDIA

*Leading Manufacturers of Reliable and Genuine
Homoeopathic and Biochemic Medicines*



Special Formulations :

ALFALFA TONIC
LIV-LET
BEBOON
KAFALL
FEMONA
PILEXOL

(General Tonic)
(Liver Tonic)
(Baby Tonic)
(Cough Syrup)
(Female Tonic)
(For Piles)

TONSILEX
DENTONEX
BIOCHEMIC
WORMOCIN
ARNIKOOL
EUFRACOL

(For Tonsillitis)
(For Dental problems)
(Tooth Powder)
(all types of worms)
(Arnica Hair Oil)
(Eyedrops)

SHRIKRISHNA HOMOEOPHARMACY

[Founded by Late Dr. G. S. Palsule in 1911]

Factory : D-11, 67/B, MIDC, Chinchwad Pune. 411 019 INDIA,
Ph. 83105

Sales Depots : 22, Budhwar Peth, Pune 411 002 India. Ph. 423208
Near Central Cinema, Goregaon, Bombay 400 004 India.

With Best Compliments

F
R
O
M

L. B. S.

**HOMOEOPATHIC MEDICAL COLLEGE
&
ASSOCIATED HOSPITAL**

JINSI ROAD JHANGIRABAD
BHOPAL [INDIA]

With Best Compliments

FROM

**HAHNEMANN HOMOEOPATHIC
MEDICAL COLLEGE
&
ASSOCIATED HOSPITALS**

**Shoukat Mahal, Iqbal Maidan
BHOPAL 462 001 (INDIA) Ph. 76101**

With Best Compliments

FROM

DR. A. K. SHRIVASTAVA

D.H.M.S., M.I.P. (AUS)

Homœo Health Care

E-3/106, Arera Colony

BHOPAL-16 INDIA

ALSO OFFER MEMBERSHIP OF

Homœo Doctor's Club, Bhopal

With best compliments from :

Gram : Homœo Sava

M. P. Pharmaceuticals Co.

Manufacturer of Homoeopathic Medicines

All German and swiss Medicines are available

here please Contact for Genuine

Homoeopathic Medicine

NEMA HOMŒO STORE

Budhwara Charbati, Bhopal Ph- 74256 : 73743

NEMA HOMŒO PHARMACY

51, Tinshed, T. T. Nagar, Bhopal - Ph. No. Shop : 67172 Resi. 73743

ACTA CLINICA SCIENTIA

Volume 1, Number I

January - 1991

CONTENTS

In Memoriam	...	i
Editorial Policy	...	iii
Hahnemann-The Reformer of Medical Sciences —Dr. (Mrs.) Zubeda Sultan.	...	1
Tuberculosis : Perspective on Homœopathic Treatment —Prof. N. Ramayya	...	4
Indian Medicinal Plants —S. S. Khan, S. A. Chaghtai, M. A. Siddiqui and S. M. Khan	...	20
New Horizon in the treatment of Cancer by Homœopathy —Dr. Tarakanta Das	...	24
Accurate Manner to Restore the Health Part-I. Dynamization-The Actual Power of cure in Medicine —Ken. Mac. A. I. "MAISHI"	...	29



IN MEMORIAM

DR. MOHD. ISMAIL KHAN

(1931-1986)

I love and Venerate Dr. M. I. Khan, not because I cultivate the idolatry of geography, not because, I have had the chance to be born in his home but because in him I find a hero a valiant fighter for the cause of truth and suffering humanity and a man of forceful personality and of versatile genius. He was a jewel amongst his countrymen— that too a superbly cut and highly polished one, shedding light and lustre through its myriads of facts.

The story of Dr. M. I. Khan, the brilliant student, the erudite scholar, the ideal principal, the tutor, and foremost physician of his time; and the story of his dramatic conversion to the practice of homœopathy, his life long struggle for the cause of this aim and his attachment with Hahnemann Homœopathic Medical College and Associated Hospital. His medical views which elicited from his two immortal Research on "Cancer" and "Chronic Disease."

His monumental achievement for intellectual upliftment of his countrymen in the foundation of the Hahnemann Homœopathic Medical College, Institute of Research & Hospital which is the first private Homœopathic Research Institute in India. He was the C. M. O. of the Institute Hospital and Principal as well as society secretary of the attached college.

Like his revered *Ustad* Samuel Hahnemann, it may be said of him that he was a scholar whom scholars dreaded to dispute; he was a linguist whose mastery over the ancient lore of Arabic & Urdu and also English was commandable.

He was a leading Physician who was head and shoulders above his colleagues and students, and over all he was a Scientist, Philosopher and Artist whom adversities and difficulties could not detract from the path of rectitude and pursuit of what he thought to be right knowledge.

Men may come and men may go; princes may flourish or may fade, races may appear and vanish and the mighty empires grow only to crumble into pieces according to the inexorable laws of nature, but there appear, from time to time in all ages and climes, some towering personalities who stem the tide of time, as it were. Whom death cannot decay, tradition does not allow to sink their names into oblivion and the history rather encourages together many stories round them to make them legendary heroes for the posterity!

Such a giant was my beloved father Dr. M. I. Khan. Now that the stalwarts of homœopathy have fallen one by one; now that the whole homœopathic profession of this great country, the sphere of activity of this great man seems to be without its accredited leader.

In honouring him we honour ourselves; in remembering him on the occasion to start the journal, we keep the torch of the knowledge burning brilliantly which he has bequeathed us, his countryman; in extolling his virtues we sing the glory of the "Spirit".

"Whom the sword cannot pierce
Whom the fire cannot burn,
Whom the water cannot melt,
Whom the air cannot dry."

They die but their memory is not
effaced from our hearts.

—*Marne Wale Marte Hain Fana Hote Nahin,*
Haqeqat Main Kabhi Hum Se Juda Hote Nahin.

Such was his magnetic personality, till the memory lasts and till the life remains, my father will be enshrined in my heart. May his soul rest in eternal peace and may the Almighty God shower His choicest benediction on him. —*Editor.*

"Everyone in this world works according to the gifts and powers which he has received from Providence, and *more or less* are words used only before the judgment seat of man, not before that of Providence. Providence owes me nothing. I owe all to Providence. Yes, everything."

Samuel Hahnemann.

From Jahar's report about Hahnemann's death,
Allg. hom. Ztg., 1843, Vol. 24, page 258.

Editorial Policy

I have taken up the task to publish this Journal as a "devoter to the cause of serving mankind", respecting medical sciences for preserving and disseminating knowledge in every system of Medicine which is based on scientific methods and on accurate principles. I am confident that this Journal will shortly take a place in your heart and will keep abreast the advancement in knowledge and attract persons of eminence and thinkers for their contribution to record their experiences, maintain an openness of mind with respect to new discoveries and publish articles of merit.

As a homœopath I proudly hope to pay an attention to homœopathy— the modern scientific method of medical treatment which will take a special place in this journal, because it is more accurate, most perfect and most scientific system of medicine. I pledge to fight against the medical practitioners dishonest to our profession. The money minded Physicians, Doctors of Medicine, Artists of Surgery and those people who are practising and totally ignoring medical ethics will be exposed through this Journal. The Journal herewith invites relevant original articles on the history of medicine highlighting important land-marks, clinical cases, research findings having an impact on medical and therapeutic knowledge, biographies, health education and research work, abstracts of memorable articles including reviews of books and periodicals related to healing arts. It intends to provide a page for clinical and scientific discussion on important themes and new discoveries and Institutional seminars and conferences. The Journal aims to provide news / informations on the dignity of homœopathy and other medical sciences all over the World. There is also space for advertisements but only for medical subjects, pharmaceutical, industrial and ethical drug trades.

For bringing out a scientific Journal, the two essential requirements are the availability of funds and co-operation of authors in contributing articles and write-ups. At present the journal is lacking both these essential requirements. Financially it is expected to be managed by my professional colleagues as well as by subscribers but the second factor *i.e.* publishable material seems to be a limiting factor. It is my request to all my professional colleagues, brothers and friends that for the purpose of improving the dignity and status of journal as well as their profession should contribute most informative articles for publication. As a half yearly treatise— beginning with the inaugural issue, the Journal will always try to publish more knowledgeable articles. There is no intention to criticise, defame or discourage any subject but it will not hesitate to bring into light the weaknesses and negligencies and dishonesty of followers of our noblest art and will fight for rights of those systems of medicine which deserve for it. It is my earnest appeal to the followers of the divine profession that they should extend their support in all possible ways.

— Editor

Hahnemann — The Reformer of Medical Sciences

DR. (MRS.) ZUBEDA SULTAN.

Even after a long period of 200 Years (1790—1991) this world remembers a person of outstanding merit this is sufficient to prove that the person is an immortal soul over the surface of this earth. But to accept a person immortal merely on the basis of legends will not be justifiable. To justify the immortality of a being we would have to bring forth reasons, discuss the details and finally on the basis of pertinent reasons we will have to prove our view point. It is evident from pages of history and events support the contention that since the dawn of civilisation this world has witnessed many ups and downs, upheavals and great revolutions. Time and again we bear as well as visualise significant changes around us. There have been revolutions of various kinds leading the world towards an unknown and unseemed goal towards which it is moving steadily leaving a glorious path behind. The journey seems to be never ending one.

The world may move far ahead during the course of its journey but it can not forget the year 1810 which it has left behind as this year was epoch making in the history of mankind. This year (1810) witnessed the appearance of a torch bearer who paved the way to relieve the humanity at large from pain, sufferings, restlessness and disease. He brought to the fore a new

experiment to remove chaos and to bring solace and peace. The light which he had provided still glows on our faces. The name of that light is Homœopathy and the torch bearer who created this light and who may rightly be called an immortal is Dr. Samuel Hahnemann, a great genius. It is not, that Hahnemann is recognised only with the name of homœopathy—The modern scientific system of medicine. Homœopathy is the final discovery of his life. Before the investigation of this conjectural art of healing, Hahnemann almost spent his life for the sake of humanity and mankind. If we try to know about his life we will find the reality. He is the man of memories.

It is the night between 10th and 11th of April 1755. In the Meissen, Christian Gottfried and his wife Johanna Christiana, nee Spiess, together celebrate the Birthday of their 3rd Child — the son Christian Frederick Samuel Hahnemann. Yet this precious German boy, the son of a porcelain painter in a tiny town of Misna in the Duchy of Saxony, again proved that knowledge is power and the pen is mightier than the sword. He had a good command on literature and languages. Greek, Latin, French, German, English, Arabic etc. and Medical Science and other sciences viz. Biology, Chemistry, Physics as well as their Sister sciences. During the student life in Leipsic University he translated

about 20 books, 2200 other printed pages, wrote so many essays. After taking degree of Doctor of Medicine on 10th of August, 1779 he became a leading physician. Leipsic Economic Society and Electoral Academy of Mainz elected him fellow member.

Hahnemann—the Hero of the World of Science, became a chemist, he had discovered a new Alkaline Salt (*Alkali Pneum*) and *Mercurius Solubilis Hahnemanni* the great presentations to the world of science and of considerable medicinal value. This towering personality in the valhalla of scientists was a true arch rebel in the field of medicine. Gave so many concepts in his allopathic practice Hahnemann the homœopath was in the making between 1806 and 1813 when he completed his essays *Æsculapulus in Balance* (1805) “Medicine of Experience” (1805), “On the value of Speculative system of Medicine” (1808) “Observation on the three current methods of treatment” (1809) and in 1790 he translated Cullen’s “Materia Medica”, On the question of the medicinal effect of Peruvian bark, Cullen defined the old opinion of the efficacy of this remedy through its “tonic effect on the stomach” but Hahnemann was not satisfied. He performed an experiment

himself — The God Gift, Homœopathy-invented. In 1813 he completed his essay on “Spirit of Homœopathic Doctrine of Medicine”. Now he found a new method of studying diseases and drug actions, a law of cure, in most perfect, most scientific and most accurate manner Hahnemann adopted the “Simila” principle from Hippocrates ‘The father of medicine.’ He quoted the sentence: “Illness arises by similar things and by similar things can the sick be made well; vomiting can be made to ceased by means of emetics”.

It is evident, that Hahnemann was always cautious to do justice to the truth, “Organon of Medicine” is a great verification. Hahnemann stood against superstition; he proclaimed both an epoch and an era, he represented both discovery and progress. His steps in to say for the first time in medical history. “Remove the cause (effects) and you remove the disease.” Today, as One hundred Forty nine years ago, he holds in one hand the past, in the other the future of medical achievement. The future historian crossing the chasm between the medicine of speculative hypothesis and that based on observation and clinical and pharmacodynamic phenomena, will unfailingly

recognise Hahnemann's agency in bringing about that remarkable transformation in medical thought and practice. His theory rests immovably on eternal laws of nature. Samuel Hahnemann, will remain for ever immortal in our memories as a Great Chemist, as a Great Physician, as a Psychiatrist, as a brilliant Scientist, as a Great Botanist, as a Great Philosopher, as a Great Tutor, above all as a Royal Man.

It is evident that Hahnemann was always cautious to do justice to the truth, "Organon of Medicine," is a great verification. Hahnemann stood against superstition; he proclaimed both an epoch and an era, he represented both discovery and progress. His steps in to say for the first time in medical history. "Remove the cause (effects) and you remove the disease." Today, as One hundred Forty nine years ago, he holds in one hand the

Address for Correspondence

Dr. (Mrs) Zubeda Sultan
Cheif Medical Officer
Hahnemann Homoeopathic
Medical College, Institute
of Research & Associated
Hospitals, 58, Noormalal
Road, Bhopal-462 001
INDIA : 76185, 76101.

"The brilliance of his name will cast light not unequal to that of the greatest intellectual figures of all times as time passes by, the world will realise more potently what in his justifiable pride and yet noble modesty he desired the inscription for his final resting place earth".

“Non inutilis Vixi” !

Hahnemann—the Hero of the World of Science, became a chemist, he had discovered a new Alkaline Salt (Alkali Primum) and Mercurius Solubilis Hahnemannii the great presentations to the world of science and of considerable medicinal value. This towering personality in the vallalls of scientists was a true arch rebel in the field of medicine. Gave so many concepts in his allopathic practice Hahnemann the homœopath was in the making between 1806 and 1813 when he completed his essays *Æsculapius in Balance* (1805) "Medicine of Experience" (1805), "On the value of Speculative system of Medicine" (1808) "Observation on the three current methods of treatment" (1809) and in 1790 he translated Cullen's "Materia Medica". On the question of the medicinal effect of Peruvian bark Cullen defined the old opinion of the efficacy of this remedy through its "tonic effect on the stomach" but Hahnemann was not satisfied. He performed an experiment

Tuberculosis : Perspectives in Homoeopathic Treatment

PROF. N. RAMAYYA,

INTRODUCTION

Tuberculosis (TB) is a killer contagious disease of the human being, but due to its insidious character often remains unnoticed and neglected. It has been rampant all over the world till the end of the last century, but practically disappeared from the industrially advanced countries of North America, Europe and Australia due to improved hygiene and nutrition. Consequently the disease is now a major scourge in the Third World Countries. A total of 15-20 million are estimated to be suffering from it all over the world, over 3.5 million being added each year, while annual loss of life is about 2-3 million (Park and Park 1985). The India pulmonary TB as elsewhere is the dominant affliction constituting a problem of national importance, 12-15 million or more than half of the worlds total are estimated to suffer in the country (Mohanthy 1989). Among these about 2-5 million are sputum positive, 0.8 million being added each year (Sivaraman 1989), while loss of life is round half a million an year. In view of its seriousness a National Programme of TB control (NTP) was taken up in 1950 by the Indian Government providing free treatment to all persons with primary and post primary TB on one hand and BCG as a prophylaxis to the children, on the other (Mohanthy 1989). The NTP operates through District TB Control Units and

aims at complete control of tuberculosis by the turn of this century (Mohanthy 1989).

One might ask at this stage why homoeopathy need bother with TB when a national (and international) programme employing allopathic treatment is already seized with the problem. The situation is not that simple as it suggests. It is since, especially, last three years we have been facing more TB patients and their number is on rise. The author used to feel skeptic about the success of the NTP. But according to WHO, there was basically a decline in TB incidence, while the rise in absolute number of TB cases witnessed, is due to population increase.

However we had to continue our interest in TB treatment for several reasons.

Firstly, many of our patients were rejected with allopathic treatment due to side-effects. Secondly some were those who never felt recovered though certified as free from the disease. Thirdly, persons of old age who were cured previously, and now suffer of acute who although had BCG, are mantoux positive much susceptible to colds and have lymphadenitis with fever etc. Looking at the situation the author was getting more and more convinced that just like malaria, TB is growing refractory and could be on rempage at any time. Meanwhile, to our surprise was the

recent official put-out, which notified that TB was on the rise (*Economic Times 17th October 1990*). In retrospect what seems to be clear is that absolute cure of TB still remains a problem despite 40 years of serious effort by NTP and WHO through chemotherapy and vaccinotherapy, TB thus possess a challenge, which other therapeutic system could also seek to answer. It is in this context that the present study was taken up, to explore what homœopathy can offer regarding both cure and prophylaxis against TB.

Since the author could not have access to the world homœopathic literature on the subject, he has restricted himself to such publications which he had in his possession. Hence this study makes no claims to comprehensiveness in dealing with the subject, but even whatever has been at hand, the author finds it valuable in clarifying several aspects of the disease and the work lying ahead.

CLINICAL INFORMATION

A summary of the information collected from the literature accessible to the author is given in Table 1. In this Hoyn's, (1878 & 80) work is significant in which only non-tuberculin (this and the term 'Tuberculin' hereafter to be taken as homœopathic dilutions) were used in the treatment. The author reviews about twenty four cases reports, dealing with them under the main remedies of their treatment. For more reports of this category, one may refer to Huges (*Ind Rep* - no date), Clarke (1881), Ellis Barker (1885), Fanning (1883), Ghatak

(1890), Greg Curtis (1886), Grimmer (1883) Kent (1875) and Schinde (1887). TB cures essentially due to tuberculin for the first time were published by Burnett (1884); further reports on this line of treatment are those by Clarke (1881), Ellis Barker (1885), Grey Curitis (1886) Kent (1875), Schinde (1883), Nash (1862), and Desai (1868). Recently, Girish Gupta (1990) reports a summary of thousand cases treated with both tuberculin and non-tuberculin. Amongst the references quoted above, some are significant for treatment of numerous cases. Burnett (1894) describes over 100 cases which include 74 treated by himself, the rest by Roberts, Young, Lamb, Boocock and Clarke. Burnett (1894) can be deemed as the father of tuberculin treatment of TB because his demonstration that *Bacillinum* could successfully cure TB was epoch making which is followed in clinical practice till today. Next in importance are the contributions by Clarke (1881); and those quoted Dr. Brunett, (1994). The case reports by Clarke included in Burnett (1894) mainly deal with respiratory tract TB while those by himself pertain mostly to cervical lymph nodes. Girish Gupta's (1990) work is unique in that he treated 1000 children, 1-12 years age, under a 8 years pilot project. Besides the subjective symptoms, the author considered information from WBC, ESR, radiography and Mantoux test. In the treatment he employed as tuberculin, *Bacillinum* and *Tuberculinum bov* while *Calc carb*, *Hepar*, *Silicea* and *Baryta Carb* others from amongst the non-tuberculin.

The writer includes here data on 7 cases under treatment, mostly since 3 years, details of which are given in Table I, These include afflictions of respiratory tract, as well as of other parts like gastro-intestinal tract, scapular bone, cervical lymph nodes and vertex. Most of them have been determined apart from general symptoms, on the basis of Mantoux test : one was backed by evidence from chest X-ray, AFB test was negative in two cases undertaken. Particulars of CBP, ESR and temperature are tabulated wherever information was collected (Table I). *Tuberculinum bov* was the tuberculin used in all the cases which proved a success. It is appreciate to point out here that the cases handled by the author not only take treatment for TB but also for other ailments leading to frequent interference with intercurrent remedies details of which (including the ailments for which they were used) due to limitations of time and space, are here omitted. The period of treatment involved in these cases represents the total duration wherein both the TB as well as other ailments were handled. A good number of cases reported are those dejected with prior allopathic medication.

The information presently collected involves in all 1230 cases including the 7 under treatment of the author. Amongst the non-tuberculin drugs reports to be useful are many like *Sulphur*, *Phosphorus* etc. (for details see Section III), whereas the tuberculins include mostly *Bacillinum* (Burnett 1894) and *Tuberculinum bov* (Girish Gupta 1990). The present author

employed *Tuberculinum bov* in most of the cases while in some *Bacillinum* as the chief remedies; non-tuberculins used were *Ars Iod*, *Baryta lod*, *Stannu lod*, *Calc lod* and others (see Table I); *Silicea*, and *Hepar* were specially used in opening of the lymph nodes and their drainage (see Table I).

DISCUSSION

I. DIAGNOSIS AND SPREAD

a. Diagnosis : Identification of ailments is generally considered to be unimportant in homœopathy because of the notion that it is not the disease but the patient who is to be treated. Though the principle underlying this statement is not that simple as it seems to be, but since it is not the object of this paper, leaving it at that, one needs to emphasise as it is essential on several grounds for proceeding with treatment. Firstly, a positive diagnosis helps in cautioning other members of the family to take appropriate measures against the spread of the contagion. Secondly, it provides guidance in the choice of drugs especially from amongst the tuberculins for use in treatment without loss of time. Thirdly, the identifications is essential because any claims by homœopathy that TB has been cured would be doubtful. The laboratory investigations currently in vogue are briefly as follows :

1. Examination of sputum (if respiratory tract TB) or exudate (other parts) or their culture for tubercle bacilli : If this test is positive it is a direct evidence of TB occurrence. Culture

is restored to when the smear is negative. It is a highly specific test (Vijaya Kumar, 1989).

2. Radiography : Presence of X-ray shadows in lungs, or *contour* disfigurements (such as of bones) provide a confirmatory evidence of TB if the first test is positive. This test is especially useful in following the locations and delineation of gross changes occurring in the affected sites. CAT scan is valuable in knowing details of cavitation, satellite lesions, etc. (Vijaya Kumar, 1989). As a diagnostic tool it is highly sensitive but not specific of the pathogen (Vijaya Kumar, 1989).
3. Mantoux test (Tuberculin test) : This represents a "delayed cell mediated hypersensitivity reaction (Type III)" initiated by lymphocytes in response to tubercle bacillus (Houston *et al* 1984). The test is positive if the induration is 10 mm or more (excluding false negative reactions such as due to malnutrition or a recent attack of measles, or false positive reactions due to infection with other species of *Mycobacterium*. *Positively* result is considered to indicate a previous exposure and not a measure of activity (Houston *et al*, 1984). As discussed later, the present author regards a positive Mantoux test to be an indication of the current level of infectivity and not mere of a previous exposure.
4. Sedimentation rate : Though normal ESR, does not negate active infection,

an elevated ESR is supportive of an active lesion.

5. C. B. P. : Normal blood picture, like ESR, does not exclude infection but raised *leucocyte* and *lymphocyte* numbers are a positive evidence of an active infection.

The information obtained from laboratory investigations being objective, is *decisive* in determining the disease, but the first *suspicion* is provided by the subjective symptoms of the patient. These include certain general conditions like emaciation, weakness, anorexia, tendency for constipation or diarrhoea, mild fever of half to one degree (or more F), night sweats, anaemia, loss of weight, sunken eyes etc, apart from those which are particular to the part afflicted.

A history of tuberculosis in early life in the lineage is also an important pointer in apprehending the present state of health. In the past when the laboratory methods currently available were not known it was on subjective symptoms such as mentioned above, cases of consumption were apprehended. Currently however the sum total evidence, both subjective and from laboratory investigations is necessary for diagnosis. As mentioned earlier the author has tried to comply with these criteria as far as *feasible* in his cases.

b. Spread of TB : As pointed out in the introduction, TB is now essentially confined to the Third World Countries and an all out effort is being made by WHO to eradicate this scourge through a worldwide programme implemented by the

countries concerned, since the last 40 years. According to WHO there has been a decline in the incidence due to the TB control programme though there is an overall increase in the absolute number of TB cases because of population increase. However after a recent survey of the disease prevalence it has flashed the following information "Nearly three million people die annually from tuberculosis now more than from any other infectious disease and the global toll could rise sharply in the near future" (see *Economic Times of 17th October 90*). Thus the situation is alarming and warrants an alternative approach to TB treatment. In the light of his experience the author would venture to state that the upward trend is due to two complementary reasons. Firstly, there is increasing deterioration of hygiene which is promotive to faster spread of the infection. Secondly, many patients usually get dejected with allopathic treatment for not only it does not cure, but also imprints new health problems. In the light of this the author considers that TB infection is steadily growing resistant even to multiple-drug therapy employed in allopathy inspite of the varied combination regimens used in treatment (in a good chemotherapy for the first 2-3 months a three drug regimen eg., *Isonix Thioacetazone Streptomycin* is followed by a two drug regimen for next 12-15 months of *Isoniazid Thioacetazone*; for more regimens and other details see Crofton, 1987, Toman, 1979). The author believes that any prolonged therapy employed crude drugs single or combination has the inherent problem of the infection

developing resistance to drugs and therefore any approach to such a basis would end up in failure. Therefore he would like to emphasise the importance of homœotherapy which due to its use in dilutions at infrequent intervals (except in acute situations) is free from complications of resistance to drugs, side effects and others.

II. POTENCY AND POSOLOGY

The problems of potency and posology in so far as the non-tuberculin remedies used in TB treatment are concerned, they being the same as those of homœopathic medicines in general, the author restricts himself here to discuss only those of the tuberculins. In the light of his successful treatment of a large number of TB patients with *Bacillinum*, Burnett (1894) categorically specified that,

- a. it should be used in 30, 100, 200 or in further higher potency and
- b. the doses should be infrequent, one for every 6-8 days.

His contemporary workers like Roberts, Lamb, Young, Boocock and Clarke (see Brunett 1894) who were inspired by the results of his treatment, all used *Bacillinum* on the lines as suggested by him and successfully treated number of cases. Arnulphy, who had no knowledge of Brunett's work employed *Tuberculinum Koch* only in 3x, 12x & 30x but equally obtained satisfactory results (see Hughes p. 571). Cartier (1919) deals extensively with this problem with reference to several

tuberculous nosodes that had come to be used upto his time especially in Europe. In summary it might be stated that different tuberculins (like *Bacillinum*, old *Tuberculinum Koch*, new *Tuberculinum Koch*, Bacillary emulsion, Filtered tuberculous bouillon of Denys, dilute serum of Marmorek, Aviare Tuberculin) were used only as suggested by Burnett (1894), but also in lower decimal doses orally or by injection which had the advantage of obviating aggravations (see Cartier 1919, for details).

Use of very high potencies (1000 and above) in tuberculins came into vogue probably with the advent of this practice in homœopathic remedies in general in the early decades of this century. For example Nash (1962) used *Tuberculinum Koch* in CM doses; Desai (1968) also used *Tuberculinum bov*, but directly in CM, 2 doses a day for a week while in another case CM, two doses per day for 6 months. Commendable results have been reported in all the instances.

Experience however shows that administration of very high potencies in certain cases could lead to disastrous consequences. For instance in persons having an earlier history of asthma, fits, bed-wetting, migrain, etc., on dispensing very high potencies, the said complaints could surface out complicating the treatment itself, exposing them to great misery. The author therefore prefers to proceed from 30 or 200 to higher ones though a progressive series as required by the situation. It may equally be stressed that direct

administration of extremely high doses do neither economise the duration of treatment.

About the frequency of doses 6-8 days as suggested by Burnett (1894) regarding lower potencies is appropriate, though 2-3 doses given in the first one or two days to initiate reaction practised often by many, is not detriment to the treatment. In the case of extreme higher doses the time intervals are to be correspondingly longer. In recent times, however, we have begun to repeat doses especially of 30-1M, at closer intervals, like on alternate days, since the cure in general is being found tardy. We have a feeling that the increasing concentration of pollutants in water and food is making the human body imperceptibly sluggish in responding to even homœopathic medication.

III. NON-TUBERCULINS AND TUBERCULINS

Development of homœotherapeutics of TB can be distinguished into two lines, one employing non-tuberculins which prevailed mainly in pre-Burnett era and for some period later, and the other using tuberculins as the chief remedies with non-tuberculins as supplements— a practice which started since Burnett (1894) introduced *Bacillinum* as specific against TB and which continues till today. Details of the former as prevalent in pre-Burnett era are graphically described for example by Baehr (1864), Hughes, and in a later period by Gatchell (1901). Few others

like Paige (1904) and Nash (1962) also provide accounts of TB treatment including the use of *Bacillinum* or *Tuberculinum*, but these essentially are similar in approach of pre-Burnett era since the author use tuberculins as mere intercurrents and not as the chief remedy as Burnett did. What is important here about the employment of non-tuberculins is that not one of them proved to be specific to TB and hence the treatment consisted in prescribing various medicines for the symptoms emerging from time to time. Thus the number of non-tuberculins used greatly multiplied so that Nash (1962) lists about 40, useful in the incipient as well as advanced stages of the malady. Those employed in the former stage include *Sulphur*, *Psorinum*, *Hepar*, *Calc carb*, *Phos*, *Ars alb*, *Sanguinaria* etc., whereas in the latter *Causticum*, *Bryonia*, *Perls* and many others. It has however to be clearly recognised that the difference between the two drug categories is not rigid and in practice a prescription was essentially related to the symptom picture irrespective of the stage and form of the disease (Nash, 1962). Besides the above, a large number of remedies were also recognised for use in correcting specific acute symptom like fever (*Baptisia*, *Ferrum Phos* etc.), cough (*Stan Iod*, *Anti Iod*, *Phos* etc.), haemoptysis (*Millifolium*, *Hammamelis*, *Geranium* etc.), and others (Paige, 1901). The present author found few other remedies apart from those listed above to be effective in certain conditions viz., *Baryta Iod* (against fever), *Calc Iod* (pain in vertex), *Theridion* (against extreme chilliness).

From the time Burnett showed the pre-eminent use of *Bacillinum* in the treatment unlike physicians who preferred to continue with non-tuberculins, bacteriologists innovated several of them including tubercle extracts and anti-tuberculous sera in handling not only TB but also other respiratory illnesses. Several have dealt with their composition and differential curative effects e.g., Wheeler (1948), Cartier (1919), Bundemperz (1989), Desmichelle (1989), Muller (1989). In view of their value in the treatment of TB and other respiratory problems they are very briefly described hereunder :

1. *Bacillinum* (or *Bacillinum Burnett*) : Derived from maceration of a human tuberculous lung, polybacillary, contains mixed infection; amelioration rest and warmth. Person weak, emaciated, teeth deformed, enlarged lymph glands; useful especially in chronic lung ailments with thick expectoration (Muller 1989).
2. *Tuberculinum Koch* : Prepared from filtrate of culture grown in beer broth; contains exo-and endotoxins. Persons ever-changing, sensitive to meat, sweets, smell of food, perspiring easily etc. (Muller, 1989), effective against TB as *Bacillinum* (Burnett, 1894).
3. *Tuberculinum bovinum* : From tuberculous glands of slaughtered cattle; thin and weak children or youth, obstipation, periodical headaches (Muller, 1989).

4. *Tuberculinum residium* : Derived from endotoxin of bacilli. Persons pale, lips pale, with shrivelling of lower lip. Aggravation on rest and commencement of motion. Useful in fibrosclerosis, progressive ankylosis leading to joint deformities; acne tuberosa and comedones in back (Muller 1989).
5. *Tuberculinum Denys* : Derived from culture filtrate of Tubercle bacilli; contains only exotoxins, Action mild, suitable to plethoric arthritic types with congestive rheumatic manifestations; despite sensitive to cold, need open air (Baudempretz 1989).
6. *Tuberculinum Marmorek* : Derived from horse serum after inoculation with cultures of fresh bacilli. Amelioration by rest. Thin pale persons, red spots on cheeks, constipative, pains in bones and periosteum; swollen glands; itching red eruptions on skin (Muller 1989).
7. *Tuberculinum testivum* : Derived from tuberculous testicle: considered directly related to lower part of the body than the *Bacillinum* (Wheeler 1948).
8. Residual tuberculin of Koch : Derived from the residue after filtrating culture of Koch's bacilli; contains substances which enter into the constitution of the bacilli (Wheeler 1948).
9. *Tuberculinum* of Rosenback : Made from tuberculous bacilli grown symbiotically with tricophyton Rare in use (Wheeler 1949),
10. Spengler's immune body : Derived from the serum of rabbits immunised with tubercle bacilli and mixed infections. Persons with extreme paleness of face and mucous membranes, stout and chill; characterised by rise in temperature before menses (Muller 1989),
11. *Tuberculinum aviare* : Derived from cultures of bird pathogens (Muller 1989); according to Wheeler (1948) derived from tuberculous chicken. Useful in acute bronchitis, bronchopneumonal complications of measles, acute otitis media and bronchial asthma with fever (Muller 1989).

Within India *Bacillinum*, *Tuberculinum bov* and *Tuberculinum aviare* are the ones commonly available and made use of. The author employed in all the cases treated predominantly *Tuberculinum bov* (Table 1) upto CM, and found it to be effective. Few differences which the author noticed between *Bacillinum* and *Tuberculinum bov* are whereas the former produces headache in some, the latter does not. Further in general *Bacillinum* is better on rest and warmth whereas *Tuberculinum bov* is better on motion and warmth.

IV STRATEGIES IN TREATMENT

a. GENERAL : Non-tuberculins were the mainstay in TB treatment in pre-Burnett era, besides favourable climate and energetic food to raise resistance. Selection of medicines depended on how the disease symptoms unfolded from time to time

irrespective of whether the malady was acute or chronic and incipient or advanced. Many a remedy came into use, both for general use and specific symptoms (see Section III). Thus although different aspects of TB treatment were very well developed, it was however realised that success was uncertain due to the fact that no specific drug was incisively effective against the disease. The treatment in effect was symptomatic in approach.

The situation however underwent a radical change with Koch's discovery of *Tuberculus bacillus* and the cause of TB on one hand and Burnett's (1894) demonstration that *Bacillinum*, a nosode derived from the causative agent is effectively homœopathic against its own disease; as evidence he published successful treatment of seventy cases (Burnett 1894), which were confirmed by several of his contemporaries (see Section III). TB treatment by *Bacillinum* or *Tuberculinum* Koch consisted in direct administration of the nosode, once it was diagnosed to be TB. *Bacillinum* was so effective that in certain instances only one or two doses were sufficient (see Section V), without the need for palliation of any of the acute symptoms (Burnett 1894). Indeed differentiation of TB into incipient or advanced stages, into acute or chronic form or even what parts were afflicted was not looked into; all these were awarded essentially by the single nosode. Once successful treatment of TB with *Bacillinum* got wide acceptance, many variants of tuberculins both extracts and sera came into

use (see Section III) and it was for the first time realised that TB was medically treatable with predictable results and hence could be effectively controlled.

Failures did occur but this happened when the cases were in far advanced state which Burnett (1894) attributed to the overwhelming numbers of the infection and their severe aggressiveness rather than to chronicity of the malady; it is for this reason that while a chronic case got cured, but a new one with intensity of the disease ended up in failure Burnett (1894, p. 121). The author considers that the view of Burnett (1894) still holds in clinical experience, but the fact is that currently, a patient would hardly remain undetected till the state of intense infection, except possibly in brain affections.

b. WHEN THE BODY FAILS TO RESPOND : Instances are on record where tuberculins do not produce the anticipated relief. Varied steps have been suggested to tone up the human system to yield to tuberculo-therapy. As summarised by Cartier (1919) they are :

- i. Administration of *psorinum* in chronic cases
- ii. Interchanging of tuberculins eg., *Tuberculinum bov* with *Tuberculinum Koch*
- iii. Treatment with *Sphillinum* to induce response
- iv. Administration of sero-tuberculins (eg. *Tuberculinum Marmorek*) in lower potencies (like 5, 10 or 30)

The above problem is however not something unique, since it is a common place situation in homœotherapeutics. Clinical experience shows that non-responsiveness of the human body, year by year is becoming order of the day which is doubtless due to increasing deterioration of environment through antibiotics and pollutants which in turn blunt the sharp edge of the human responding system. Therefore it is a routine practice in our clinic to use *Thuja*, *Kali bich*, *Spongia*, *Ars Iod*, *Bary Iod*, *Iodium*, *Syphilinum*, *Carbo Veg*, *Hepar*, *Theridion* and few others as activators. Amongst these *Thuja* especially stands unique in that it can stimulate the system to respond to any remedy and any part of the body.

c. DETOXICANTS OR ELIMINATORS:

Success of therapy is emphasised to be dependent upon elimination of accumulating toxins (Cartier, 1919). Several measures have been suggested for this purpose;

1. Diuretic drinks
2. Use of *Pulsatilla* since it decongests venous circulation leading to improvement of arterial circulation and hence elimination of toxins.
3. Increase in the intake liquids.
4. Stimulation of glands (e.g., *Ceanothus* for spleen; *Solidago* for kidneys and liver or by a glandular extract).

d. COMPLEMENTARY MEDICINES :

According to Burnett (1894) the power of resistance of the patient is of the highest

importance in obtaining a cure and accordingly emphasises amongst others, provision of better climate, foods (including cod-liveroil; milk etc. and, "calcifying remedies such as salts of lime"). He even held that provision of the above measures should result in anticipated response even when tuberculin had failed earlier. In number of cases treated by him with *Bacillinum* he kept them on *Calc Phos 3x* for one or two months which he found to help in the pick-up of general health. Girish Gupta (1990), has used tissue salts including *Calc phos*, *Ferrum phos* and *kali mur*. According to Cartier (1919), improvement obtained through tuberculinotherapy against TB after some months, ceases and this is corrected if *Calc Carb*, *Calc Phos* or *Calc fluor* depending upon the case concerned, are given in lower potencies for intermittent periods during the treatment. Nebel was emphatic on the importance of the administration of low dilutions of, Calcium salt in TB treatment because of "active interchanges on mineral matter in phthisical persons" (see Cartier, 1919). Importance of the use of complements was realised by several others. For instance Jager alternated *Tuberculinum Koch* with *Apis*, *Pulsatilla*, *Bryonia*, depending on the condition of the patient. *Bryonia* for instance is useful for the patient sensitive to wind, cold or dampness. *Molli* used with *Tuberculinum*, *Bryonia*, *Arnica* in cases of chronic suppuration of lungs (Cartier, 1919, for more details). The present author specially felt the need for using complements in controlling fever, as expectorants and for deepening the action

of the tuberculin used. As elsewhere stated *Stann Iod*, *Baryta Iod*, *Ars Iod*, *Spongia* etc. are essential for use as intercurrents.

V. SOME UNUSUAL CURES

Amongst the numerous TB case reports published in the literature some are significant for unusual cures that speak of the curative potential, especially of the homœopathic tuberculins. It was considered appropriate to recall in brief certain of them as examples :

- a) Boy aged 20 months, ill for days with 'something in the head; high fever, restlessness and constant screaming. Failing with usual remedies. *Bacillinum* given patients fell asleep in ten minutes stopped crying and later completely recovered (Brunett 1894, p 6).
- b) Lady 15 years, very big to her age, large tonsils, chronic running nose, thick speech, pigeon breast, moist palms, chilly etc. Normal remedies having failed received *Bacillinum* 30 once every 12 days. Recovered in four months, the depresses right side of the chest becoming much better; altogether only 48 globules of medicine spread over four months were administered (Burnett, 1894, p. 29).
- c) A highly strumous lady, many scars and glands on the neck, teeth tubercular (*i. e.* rudimentary with holes); teeth became nice in colour; the holes got filled up and partially disappeared with *Bacillinum* (Burnett, 1894, p. 11).
- d) Girl 10 years, idiotic and cretin (Suspected to have become so since vaccination at 1-1/2 years age), 2'5" height, teeth hidden in gums, could hardly stand on feet, head front narrow large on back, elevations on skull etc. *Bacillinum* 200 one dose a week in course of a year. 'Child talks, (even runs), has grown 3-1/2"', intelligence restored, enjoys herself' (Burnett, 1894, p. 238).
- e) Young lady with pain right knee-joint, scrofulous family; *Bacillinum* 200 one dose gave relief; one more dose after a month made total recovery. Only two doses wound up the case. (Clarke, 1981, p. 156).
- f) Lady 30 years, right elbow inflamed, became immobile after an year's allopathic medicine, diagnosed as 'tuberculosis of elbow, intra arthritis with erosion of right olecranon process'; husband was probably consumptive as three of his previous wives died of phthisis; he was given *Aur met* 1M (to neutralise effects of gold preparation he had taken in childhood) followed by *Tuberculinum* CM; the wife also given *Aur met* 1M for 4 months followed by *Tuberculinum* CM; twice a day for a month, relieved the pain of the elbow joint (Desai, 1968).
- g) Girl 7 years, Osteomyelitic, 6 months in plaster, the affected softened bone once scraped out; tonsilectomy when 6 years, purulent discharge from the

ears two years back; x-ray determinations 'osteomyelitis of tibia; maternal side tubercular,. *Thuja* 1M to clear surgical effects; *Tuberculinum* CM; twice per day for 6 months enabled walking; *Calc flour* CM; for a fortnight relived ear pains (Desai, 1968).

- h) Boy 18 years, susceptible to respiratory troubles, when 10 years tonsillectomy; developed inflammatory swelling inside left throat, operated on 13-7-90. Month after, a secondary swelling about 2" dia 1/2" ht on to another operation; *Staphy* 200 & 1M to neutralise after-effects of surgery, then *Silicea* 200 & 1M & *Calc sulph* 200 1M which opened up the boil. Mantoux test 15mm induration noted on 30-9-1990. Meanwhile, liquids taken orally started dripping out of the opened lymph node. ENT specialist through sinagram (fluorescent) diagnosed "fistulous communication from exterior of neck to pyriform fosa" but advised continuation of homœopathic treatment. *Tuberculinum* 1M-10M and followed by *Baryta Iod* 200-10M healed up the fistula and exterior opening; continuous treatment for eradication of the TB imprint (see case No. 4, Table 1).

Many instances more marvellous than described are scattered in the literature. What is however significant is that amongst nosodes Tuberculins are probably unrivalled in homœopathic action against TB, involving any part of the body. Then can restore health, sometimes in cases deemed

as lost or suitable for surgery. Hence if TB is determined in early stage, or at any rate not too late, absolute recovery through tuberculinotherapy is certain.

VI. NEW MEANING OF TUBERCULIN IN THE LIGHT OF HOMŒOPATHIC TREATMENT

Tuberculin test is generally recognised as a screening and diagnostic test of tuberculosis, (Braunwald *et al* 1987) An induration of 10mm or more in diameter is taken as an indurating of a previous tuberculosis infection (Bouchier & Moris 1987). Further, since a person certified as healthy after treatment with appropriate combined regimens of bacteriostatic and bactericidal remedies, also gives a similar reaction, it is therefore understood, that once infected with TB, a person is never tuberculin test negative. Generally the more is the induration florid, the more recent is the infection deemed to be (Bouchier & Morris 1987).

After about more than an year of treatment the patient gave it up due to few adverse reactions and hence switched over to homœotherapy with the present author. He was periodically being sent for ESR during this treatment to have some idea of the state of the health which established at 10 mm (1st hr.) by 22-10-1988. It needs to be mentioned that he was also being treated for varied other ailments through intercurrent remedies. However, by May 1989 he had already received *Tuberculinum bov* CM and *Ars lod* 10 M. At this stage his Mantoux test was induration 20 mm

and ESR 10 mm. X-ray of the chest revealed left upper-lobe to be fibrous, indicating-Koch infection in childhood which probably was the primary source that led to the current gastro-intestinal malady, Intercurrent remedies amongst others which he had received were *Merc aur* 200 & IM, *Tarentula hisp* 200 & IM and *Merc cyan* 30 & 200 and *Spyhilinum* IM. As a routine he again went for Mantoux test but had only 3 mm induration on 6-5-90, Surprising as it was, 5 months we got again his Mantoux test which showed only 3 mm induration on 10-9-90. Though the kind of experience was with one patient but since it was the response of a biological system, the author considers it to be of profound significance in relation to our understanding of TB treatment, A natural consequence of the experience is that we have started sending all our patients for Mantoux test screening for every 5-6 months treatment, A second case has been recently noted whose induration dropped from 40 mm to 25 mm (28-10-1990) (see Case No, 3, Table I) confirming the authors contention.

Coming to the importance of the findings of these cases, the author's explanation is as follows. The standard multi-drug allopathic treatment is effective only in stopping rapid multiplication of the bacillus and showing it drastically in activity, but it still persists to be active at a very tardy pace so that the person continues to respond to it and hence remains Montoux test positive. But effects of homœopathic treatment are deeper so that the bacillus becomes absent and hence the persons

appears Mantoux test negative, or below 5 mm induration, which might represent a response to non-pathogenic species of *Mycobacterium* which are common in the tropical countries. The author therefore regards the chemotherapy and vaccino-therapy to be only partially successful against TB, but not radically effected and hence the disease could bounce back any time later.

VII. PERSPECTIVES

Since TB is on the ascent (WHO's notification, quoted earlier) it is imminent that we devise efficient curative and prophylactic measures to combat this menace. Allopathy offers chemotherapy against the primary and post-primary TB and vaccino-therapy (as BCG) for prophylaxis which are officially in use all over the globe. But both these methods, let alone successful produce such side effects that with their becoming more known, the treatment many well grow less acceptable. As raised in the introduction the question now we face is; Can homœotherapy offer alternatives to chemotherapy and vaccino-therapy? The information brought out in the present paper is clear on the efficacy of homœotherapy in the absolute cure of TB with tuberculin; it also shows that apart from the cure, it can make the person Mantoux test negative thus restoring resistance to status quo ante, the expected objective of the homœotherapy has potential to offer an alternative. Kent, (1904) was clear in this respect who suggested that *Tuberculinum bov* given in 10M, 50M CM, potencies two doses each, at long intervals, would immunise children and young even from

inherited tuberculosis. Thus while homœotherapy is of undoubted potential in correcting TB, there has been somehow a historical lapse in its onward progress and clinical application.

Further, the author considers that several aspects of homœotherapy need deeper understanding so that it is standardised and the results are predictable. They are as follows :

1. **DURATION OF TREATMENT :** In the literature many a case is encountered where homœopathic treatment took 5 years or even more. The case wherein Mantoux test negative was achieved by the author took over three years. The system would come to be much appreciated and sought after, if the period of treatment could be reduced by using most appropriate complements and activators.
2. **NEW TUBERCULINS**
 - a) *Bacillinum*, *Tuberculinum bov* as also *Tuberculinum Koch* and *Tuberculinum aviare* are commonly in use as the main remedies in treatment. But depending upon geographical and other factors, varied new strains of the TB infection would have developed by this time; this apart the chemotherapeutic practices of allopathy would have given rise to increasingly resistant strains of the action. Therefore tuberculous could be tested if they are more efficient.
 - b) In India buffalo milk is the one in common use; therefore tuberculin from

TB infection of buffaloes should be more efficient than *Tuberculinum bov* which is derived from cow infection. This aspect needs attention.

- c) Use of tuberculin prepared from mother tincture of a mixture of different strains of the TB infection and determination of its effectiveness is yet another aspect that needs attention.

3. **NON-TUBERCULINS VIS-A-VIS MANTOUX TEST :** Cure of TB exclusively with non-tuberculins has been reported by many homœopaths. But it is not known what components of resistance are augmented by these remedies. What is their influence on tuberculin reaction ? or What is the difference between the cures by the tuberculins and non-tuberculins ? Research work on these and related aspects is essential for understanding the mechanism of homœotherapeutics which in turn could lead to development of better clinical strategies in TB treatment.

4. **PROPHYLAXIS :** Kent (1904) proposed use of ultra-high potencies like 10M, and CM at long intervals for purposes of prophylaxis both for young and old. The author would like to recall what was earlier expressed, the risks involved in it. At any rate it is an aspect that requires further exploration and standardisation.

SUMMARY AND CONCLUSIONS

TB is a treacherous infectious disease which is now largely confined to the Third World Countries and especially India.

In spite of 40 years of organised effort to control it through chemotherapy and vaccinotherapy (BCG), it is realised that TB is no ascent. Therefore there is need for utilising the potential of homœotherapy and other alternative medicines in its control. The present study, through piecemeal, reviews and discusses different facets of homœotherapy in the effective control of the diseases.

Firstly it is necessary that TB is diagnosed before taking up its homœopathic treatment; for this not merely apparent symptoms, but also information from laboratory investigations such as SBP, ESR, radiography and Mantoux test is taken into account. Whether tuberculins or non-tuberculins, their administration from lower to higher potencies in a prograssive, series is safer rather than dispensing directly ultra-high potencies. Regarding the frequency of administration of tuberculins, 30 and 200, in weekly doses is most appropriate, but if one or two doses in the first or two days are necessary to initiate medicinal action, it would not be harmful. Potencies of 1M and higher ones should be given in still longer intervals.

It was Burnett, (1984) who for the first time demonstrated that amongst homœopathic remedies, the tuberculin like *Bacillinum*, and *Tuberculinum Koch*, are the most effective and incisive in the treatment of TB, which is essential especially against specific symptoms like fever, cough etc. they are also required as eliminators of morbidities, activators and

in augmenting nutrition. Effectiveness of tuberculinotherapy against TB is attested by the fact that it can not only cure incipient, but also fairly advanced causes. There is evidence, though scanty, to show that homœotherapy can make the patient Mantoux test negative and hence can restore health to status *quo. ante*, unlike chemotherapy wherein the patient though certified as cured, still remains Mantoux test positive. Hence chemotherapy at best can turn the TB infection avirulent, but not eliminate it.

Homœotherapy is not only effective in the cure of TB, but also in its prophylaxis. Attention is drawn to the need for research on several aspects of homœopathic treatment of TB to make it more efficient viz, preparing tuberculins of current strains of TB from different geographical regions; tuberculin to be prepared from TB infection of buffalo and testing its relative efficacy in demication; study of the effectiveness of non-tuberculins vis a vis tuberculin test; potencies and posological aspects of tuberculins for use in prophylaxis. In pursuit of the above and other aspects it is necessary that an Institute of Homœotherapeutics of TB is established for purpose of research.

REFERENCES

1. Baehr, M.D. 1869—*The science of therapeutics*. World Homœopathic Links, Delhi (Reprint).
2. Bouchier, I A.D, & (Eds)—*Clinical skills*. 2nd ed. All India Book, Morris, J. S. 1987. Sellar, Delhi (Reprint).

3. Baudempretz, ch. 1989—*Tuberculinum. Quart. Homæop. Digest* 6(1):5
4. Braunwald, E et al. 1987 (Eds). *Harrison's Principles of internal medicine*. Mc Graw-Hill Book Co., New York.
5. Burnett J.C. 1984—*The new cure for consumption by its own virus*. Jain Publ. Co. Delhi (Reprint).
6. Cartier, F. 1919—*Therapeutics of the respiratory organs*. Jain Publ. Co. Delhi (Reprint).
7. Clarke, J.H. 1981—*Non-surgical treatment of diseases of the glands and bones*. Jain Publ. Co. Delhi (Reprint).
8. Crofton J. 1989—*The prevention and managment of drug-resistant tuberculosis*. In, XVI. Andhra Pradesh Tuberculosis and chest diseases Worker's conference, Souvenir, Warangal India.
9. Desmichelle, G 1989—*Tuberculinum residum. Quart. Homæop. Digest* 6. 1:2.
10. Desai, M. 1968. Some cases of tuberculosis—*Ind. J. Homæop. Medicine* 2 : 104.
11. Ellis Barker, J- 1983—*New lives for old, How to cure the incurable*, Jain Publ. Co. Delhi (Reprint).
12. Fanning, E.B. 1983 Case reports. *Hahnemannian Gleanings*. 48:291.
13. Gatchell, ch. 1902—*Diseases of the lungs*. World Homœopathic Links, Delhi (Reprint).
14. Ghatak, N. 1990, Declared tuberculosis *Homæop. Heritage* 15:503.
15. Girish Gupta 1990. Primary complex : promiss and prospects of homœopathic treatment—*Asian Homæop. Jour* 1(2):27.
16. Greg Curtis, 1986. Cases from practice. *Homæop. Heritage* 11 : 638.
17. Grimmer, A.H. 1983. Cases from practice—*Hahnemannian Gleanings* 50:219.
18. Houston J.C. et.al. 1984—*A short text-book of medicine*. ELBS. U.K.
19. Hoyne, T.S. 1878 and '80—*Clinical therapeutics*. Jain Publ. Co. Delhi (Reprint).
20. Hughes, R. (No date)—*The principles and practice of homœopathy*. Part II. Ringer and Co. Calcutta (Reprint).
21. Kent, J.T. 1975.—*Lesser Writings*. Jain Publ. Co. Delhi (Reprint).
22. Kent J.T. 1904 *Lecture on homœopathic materia medica*. Jain Publ. Co. Delhi (Reprint).
23. Mohanty, K.C. 1989.—*Chemotherapy of tuberculosis*. In XVI. Andhra Pradesh, tuberculosis and chest diseases worker's Conference, Souvenir, Warangal. India.
24. Muller, H. V. 1989. The tuberculins—*Quart. Homæop. Digest* 6(1) : 12,
25. Nash, E.B. 1962 Leaders in respiratory organs Sett Day and Co., Calcutta (Reprint).
26. Paige, H.W. 1904 *Diseases of the lungs, bronchi and pluera*. World Homœopathic Links. Delhi (Reprint).
27. Park, J.E and Park—*Text book of preventive and social medicine*. K.1985.India.
28. Schinde. P.V. 1987 Two cases-reports. *Homæop. Heritage* 12: 163.
29. Sivaraman, S. 1989. Our national tuberculosis control efforts are there reasons for complacency. In xvi. Andhra Pradesh tuberculosis and chest diseases worker's Conference, Souvenir, Warangal, India.
30. Toman, K. 1979—*Tuberculosis case-finding and chemotherapy*. World Health Organisation. Switzerland.
31. Vijaya Kumar R. 1989, Diagnosis of Pulmonary tuberculosis is it easy ? *Homæop. Modern Medicine* 1:19.
32. Wheeler, C.E. 1948—*An introduction to the principles and practice of homœopathy*. Jain Publ. Co., Delhi (Reprint).

Address for Correspondence

Prof. N. Ramayya
Raja Rajeshwari Clinic
3-4-871/7, Barkatpura
Hyderabad-500 027 INDIA.
Phone : 611 46.

Table I : Reports of Cases Under Treatment of The Author

Sl. No.	Patient and Disease Particulars	Laboratory Investigations	Commencement of Treatment	Present Condition
(1)	(2)	(3)	(4)	(5)
1.	F 9 Yrs; Anorexia, persistent fever, intermittent respiratory infections; bed-wetting convulsive (2times-1987 & 88) migration etc. Not well since before 1987.	(19-2-88) Hb : 10.2 gms ESR;30mm; E:8% Fever:99.4°F (30-5-88); (M) : 11.45 mm ind (13-6-88): Wt. 20 Kg.	(30-5-88 <i>T.b.</i> 200-10M <i>Bacil.</i> 1M <i>Ars. lod</i> 200-10M	Wt. 23 kgs Generally improved Continues treatment
2.	M 32 yrs; Pain in right scapula with mild fever by evening since 1988; pain amelioration warmth & motion; since a long time susceptible to colds, easy tonsilitis, dry eczema & constipative	(M) Positive (Particulars lost)	Since june 1988. — <i>T.b.</i> 200-CM <i>Bary. lod</i> 200-10M	Free from scapula pain, improvement in general health fever normalised only with <i>B. lod</i> . Under treatment for eczema & constipation.
3.	M 39 yrs; Lymphadenitis on left side of neck since 7 months; gland 1"×½"×¼" often prone to respiratory problems; mild HBP; cervical spondylitis	(9-10-1989) Hb 12 gms. WBC 10000, N50, L42 E8; ESR 6 mm (x-ray chest : Lungs with prominent bronchial vascular markings). (M) 40 mm Ind.	(16-10-89) <i>T.b.</i> 200-1M <i>Hep</i> 200-1M <i>silic</i> 1M <i>sulph</i> 1 M <i>Ars. lod</i> 1 M	Gland opened up after a fortnight, draining out bloody exudate. Later healed up; Latest (M) 25 mm; still under treatmet.
4.	M 8yrs: A boil on left neck 3×½"×½" developed as a	(13-7-90): Biopsy to	(21-8-90): <i>Stapy</i> -200 IM <i>Cal. sul</i> 200-IM	The boil opened draining out bloody exudate but a fistula developed conne-

(1)	(2)	(3)	(4)	(5)
	secondary to an earlier operation (13-7-90) swelling in the throat tonsilectomy in 1982; often victim of respiratory ailments; adopted for medication to avoid a second operation.	the operated tissues showed a non specific chronic granulation tissues in ecute inflammation with a foreign body giant cell reaction (13-9-90)(M) 15 mm ind. AFB : —ve	<i>Silicea</i> 200-1M <i>T.B.</i> 200-1M	cting exterior opening with the earlier operated site; surgeon favoured homœo treatment by the author to suturing of the opening. By 28-10-90, the opening nearly closed. Still under treatment to mark (M)—ve
5.	F 32 yrs. Dry cough 5-6 yrs, œdematous ankles; flnger joints painful; general respiratory problems; right face paralysis; bleeding gums etc.	(28-9-89): Fever 102 F (M) 60 mm ind AFB : —ve WT 42 kg.	<i>T. b.</i> 200-10M <i>Ars. lod</i> 200-10M <i>Bacil</i> 200-10M	Cough much better, gained Wt 3 kg; free from fever. Treatment in progress
6.	F 31 yrs: Throbbing pain in vertex (amelior, rest & warmth); since few yrs, sciatica, cervl; spodylitis, aphthae haemorrhoids etc.	(30-9-89): Hb 10.8gms WBC 9850; E3 ESR 20 mm (M) 12mm ind.	(2-10-89): <i>Bacil</i> 200-1M <i>Calc. lod</i> 200-1M	Several patients complain of vertex pain, but due to its persistence it was suspected to be due to infection & hence(M) was done in few cases which were+ve patient relieved; Treatment stopped.
7.	F 33yrs: Anaemic, loose motions since few yrs with colic, aggrav. eating. Also suffersW.D. lumber pain; Cervical spondl, sciatica and many others.	(28-9-89): Hb 78%;WBC 7200;ESR40 mm(M)+ve; wt 46 kg 3-1-90 wt 55kg.	(21-8-89): <i>Bacil</i> 200-1M <i>Ars. lod</i> 200-1M	General improvement; motions arrested gained 9kg wt within 4 months. Now outside India No more treatment.

COURTESY : VII ALL INDIA HOMOEOPATHIC CONGRESS DELHI

Indian Medicinal Plants.

I. *Abrus precatorius* Linn.

Shaukat Saeed Khan., S. A. Chaghtai., M. A. Siddiqui and S. M. Khan ★

INTRODUCTION;

Nature has bestowed India with enormous wealth of medicinal flora. Keeping in view the vastness of the area and richness of vegetation, systematic efforts to explore and exploit this valuable potential has been lacking with the exception of some sporadic attempts by a handful of reputed investigators. The real progress in this field can only be achieved through intensive interdisciplinary work involving organic chemists, pharmacognists, botanists and physicians of various systems of medicine such as Allopaths, Homœopaths, practitioners of Ayurveda, Unani and Indigenous systems of medicine,

A concrete steps in this regard was taken in 1954, when the Indian council of Medical Research (ICMR) tried to give a new dimension to research on Indian medicinal plants by initiating the Composite Drug Research Scheme under which scientists belonging to different disciplines such as Botany (including pharmacognosy) Chemistry, Pharmacology and clinical medicine were brought together on the same platform to study the efficacy of medicinal plants as an integrated and coordinated endeavour.

The present study is aimed at bringing together, in a series of publications the widely scattered information pertaining to

various aspects of medicinal plants. The fields include, botany, chemistry, pharmacognosy, pharmacology and clinical trials, if any. Efforts have also been made by the investigators to explore and record ethnomedicinal folklores from the tribals, especially *Gonds*, who still rely and practice their own methods of treatment even in this age of chemo and radio therapy.

—*Abrus precatorius* Linn. is commonly met with throughout the plains of India and Sri Lanka, It is known as *Gomchi* or *Ratti* in Hindi, whereas it is called Jegiurity or Indian Liquorice in English. The plant is fairly common in the forests of M. P.

MEDICINAL PROPERTIES: According to Nadkarni (1954) seeds are purgative, tonic, antiphlogistic and aphrodisiac, roots, are emetic, and the leaves are used in painful swellings. Red seeds with a black eye are quite uniform and considered as a weight by goldsmiths. Some varieties produce white seeds also (the albino types); The *Gond* Tribals use root in cough, cold and colic complaints. The leaves are chewed to relieve hoarseness. Seeds are considered abortifacient. The young seeds are made into necklaces by tribal women.

CHEMISTRY: Seeds contain a protein component which is responsible for

★Department of Botany. Govt. College, Baswara, Rajasthan. (India)

haemagglutinating activity similar to that of β - globulin under similar experimental conditions (Mishra *et al.* 1968).

Ghosal and Dutta, (1971) have isolated two new alkaloids from the seeds, they are the methyl ester of N, N-dimethyl tryptophan metho-cation and picotorine. In addition four bases abrine, hypaphorine, choline and trigonelline are also present in the seeds. Roots, stem & leaves also contain these bases in varying proportions. According to them, the trigonelline. occurs in the form of gallic acid ester.

PHARMACOLOGY. According to Agarwal *et al.* (1971) the water soluble portion of the alcoholic extract of the seed kernels exhibited parasympathomimetic effect on the smooth muscles of ileum of rabbits, guinea-pig and albino rat, uteri of albino rat and guinea-pig and tracheal chain of dog, skeletal muscle of frog, blood pressure of dog and perfused frog's heart. They report that the extract is well tolerated upto a dose of 1.5 g/kg orally.

The studies pertaining to the antifertility of the steroidal fraction (oil) obtained from the seeds was studied on albino rats and mice by Desai and Rupawala, (1967). Their studies revealed that the oil produced sterility in animals when fed for 20 consecutive days before mating. Agarwal and his associates (1969) have studied the antioestrogenic activity of the alcoholic extract of the roots on female mice and found that all the three doses *i. e.* 10,100 and 300 mg/kg. were highly effective. In another experiment Agarwal and his associates (1970); used petroleum ether and

alcoholic extracts of the root on albino rats and found that it prevented nidation upto 100 percent on oral administration from 1-5 days post-coitum. The abortifacient activity of the aqueous extract of seeds was observed in mice (Desai and Sirsi, 1964) 'Subcutaneously LD₁₀₀ was found to be 2 mg./kg. Orally 25mg./kg. caused death in 40% of the animals.

The seeds of *Abrus precatorius* showed oxytocic activity *in vitro* in guineapigs. The responses were however inconsistent and there was some evidence of toxicity to the muscular tissue. The activity was found in globulins isolated from the seeds (Saha, 1961). A transient fall in blood pressure of anaesthetized rats and dogs was found with the administration of alcoholic extract of the roots. The extract also caused a negative chronotropic and inotropic effect on isolated heart of rat. The extract antagonised the stimulant action of histamine on isolated guineapigs ileum (Agrawal and Arora, 1972). The alcoholic extract of seeds is reported to inhibit the growth of pyogenic organisms, *Staphylococcus aureus*, enteric microorganisms and pathogenic fungi *in vitro* (Desai and Sirsi, 1966; Desai *et. al.*, 1970).

A very important finding, as reported by Subbareddy and Sirsi, (1968, 1969) is that a protein extract isolated from the seeds exhibited antitumour activity against *Yoshida Sarcoma* (solid and ascites forms) in rats and fibrosarcoma in mice. The cytotoxic effect of the extract on tumour cells was revealed by the vacuolation and disruption of cytoplasm accompanied by karyolysis and chromosomal abnormalities

in ascites tumour cells *in vivo* and also confirmed by *in vitro* studies. Out of the various fractions of purified proteins of the seeds studied for their haemagglutinating properties, toxicity to rats and anti tumour activity against *Yoshida ascites* sarcoma in rats only fraction A₅ B was found to possess antitumour activity (Lalitha Kumari *et al.*, 1971).

Hemdari and his co-workers (1983) report that the leaves of *A. precatorius* are made into powder, mixed in sugar and given internally in Leucorrhœa and menorrhagia by the tribals of Dandakaranya. According to Shrivastava *et al.*, (1986) the plant is useful in Leprosy, skin diseases, intestinal parasites and worms. They however do not mention the parts, used in the aforesaid ailments. Namhata and Mukherjee (1988) report that the tribals of Bankura

district (W. Bengal) use the paste made from the crushed leaves as an external application in cases of muscular pain. Jain (1979) report, the use of *Abrus precatorius* seeds as abortifacient, among the tribals of Bastar. Boericke (1986) in his Homœopathic Materia Medica mentions its uses in cases of Epithelionia, Lupus and ulcers, purulent conjunctivitis and granular Ophthalmia in homœopathic system of medicine. Khan *et al.*, (1988) also attribute similar use of seeds in Banswara, (Rajasthan).

It seems clear that the seeds of *A. precatorius* not only considered efficacious for bringing about abortion by the tribals, but at the same time have been found to possess abortifacient properties through pharmacological trials by various workers on experimental animals.

REFERENCES :

1. Agarwal, S. S., Ghatak, N. and Arora, R. B. 1969. Antilesterogenic activity of alcoholic extract of the roots of *Abrus precatorius* Linn. *Indian J. Pharm.* 31 : 175.
2. Agarwal, S. S., Ghatak, N. and Arora, R. B. 1970. Antifertility activity of the roots of *Abrus precatorius* Linn. *Pharmacol. Res. Commun.* 2 : 159.
3. Agarwal, V.K., Raina, M. K. and Neogi N.C. 1971. Preliminary Pharmacological investigations of the water soluble portion of the alcoholic extract of the seed kernels of *Abrus precatorius* Linn. *J. Res. Indian Med.* 6 : 139.
4. Agarwal, S. S. and Arora, R. B. 1972. Preliminary Pharmacological studies of roots of *Abrus precatorius* Linn. *Indian J. Pharm.* 4 : 150.
5. Boericke, W. 1986. *Pocket Manual of Homœopathic Materia Medica* 9th Edn. : 358, Pratap Medical Publishers, New Delhi.
6. Desai, V.B. and Sirsi, M. 1964. The effect of *Abrus precatorius* on pregnancy of mice. *Curr. Sci.* 33 : 585.
7. Desai, V.B. and Sirsi M. 1966. Antimicrobial activity of *Abrus precatorius* Linn. *Indian J. Pharm.* 20 : 164.
8. Desai, R. V. and Rupawala, E. N. 1967. Antifertility activity of the steroidal oil of the seeds of *Abrus precatorius* Linn. *Indian J. Pharm.* 29 : 235.
9. Desai, V. B. Subbha Reddy, V. V. and Sirsi M. 1970. Antitumour activity and some Pharmacological properties of *Abrus precatorius* Linn. II Indo-Soviet symposium on the chemistry of Natural Products including Pharmacology, New Delhi, p. 148.

10. Ghosal, S. and Dutta, S. K. 1971. Alkaloids of *Abrus precatorius*. *Phytochemistry* 10 : 195.
11. Hemadri, Koppula and Rao S. S. 1983. Leucorrhoea and menorrhagia : Tribal medicine *Ancient Science of Life* 3 (1) : 40.
12. Jain, S. K. 1979. Medicinal Plants, N. B. T. New Delhi : 151
13. Khan, Shahid Meer., Chaghtai, S. A. and Khan S.S. 1988. Plant Abortifacients of Banswara, Rajasthan (India) *Indian J. Applied & Pure Biol.* 3 (2) : 116
14. Lalitha Kumari, H., Subba Reddy, V. V. Rao, Ramenanda G. and Sirsi, M. 1971. Purification of Proteins from *Abrus precatorius* Linn. and their biological properties. *Indian J. Biophys* 8 : 321.
15. Mishra, D. S., Soni, B. K. and Sharma, D. 1968. Fractionation and characterisation of haemagglutinating principle of *Abrus precatorius* Linn. *Indian J. Exptl. Biol.* 6 : 108.
16. Namhata, Debashis and Mukherjee, A. 1988. Ethnomedicjne in Bankura District, West Bengal *Indian J. Applied & Pure Biol.* 3 (2) : 55.
17. Saha, J. C. 1961. Cited In Advances in Research in Indian Medicine, B. H. U., Varansi 1970. p. 198.
18. Shrivastava, T. N. Rajasekharan, S., Badola, D. P. and Shah, D. C. 1986. An Index of the available medicinal plants, used in Indian system of medicine from Jammu and Kashmir State. *Ancient Science of Life* 6 (1) : 54.
19. Subba Reddy, V. V. and Sirsi, M. 1968. Effect of *Abrus precatorius* L. On experimental tumours. *Indian J. Pharm.* 30 : 288.
20. Subba Reddy, V. V. and Sirsi, M. 1969. Effect of *Abrus precatorius* L. On experimental tumour. *Cancer Res.* 29 : 1447.

Address for Correspondence

Dr. Shaukat Saeed Khan
Department of Botany
Safia P. G. College of Science & Education
Bhopal 462001 INDIA

New Horizon in the Treatment of Cancer by Homœopathy

DR. TARAKANTA DAS

Man and his environment constantly influence each other and in the evolutionary process man tries to gain the upper hand. Nature tries to accommodate herself to various types of interaction with the environment. Since his relation to environment varies from time to time. So concepts of disease and treatment undergo tremendous change.

Revolutionary concepts about disease and nature developed to new physics (atomic and sub-atomic) with principles of indeterminacy and the integrated dynamic view. This Dynamic Holistic concept of health and disease was propounded by ancient Ayurveda, Hippocrates, Paracelsus and Hahnemann with emphasis on Balanced evolution and function.

Recent ideas cancer are also converging towards the view that the whole organism is involved in the development of cancer. The cell is endowed with susceptibility which in health, maintains the cell organism symbiosis. Cancer develops when symbiosis falls. The primary responsibility is the alteration of susceptibility which leads to failure of immune mechanism embedded in reticuloendothelial cells.

Immunity remains under suspension when the balance is disrupted, thus cancer is an inherited susceptibility with a constitutional predisposition, which explodes in

disease with the interplay of man and his environment. The causative role of physical, chemical, biological, hormonal, parasitic, diabetic and nutritional factors etc., have been elaborated in all books on the subject. Psychological factors also play a dominant role.

Cancer is not new to this world. In the pages of Medical History, innumerable examples of cancer are found. In 400 BC Egyptian civilisation reflects a number of cancer cases. In the eleventh part of the Sanskrit classics, the cancer of testicles, mouth, throat are illustrated, Hippocrates has been applying red hot iron for the combustion of skin and breast cancer, Different disciplines of medical science have been striving to eradicate this dreaded disease from human civilisation, physicians apply radium -therapy, Surgery and immunotherapy, but the devastating phenomena of cancer is still invading humanity in double speed.

Nobel prize winner Sir Huggins and other research scholars, after a series of experimentations preclaim "Cancer is a disease of the organism then organ". "Blood analysis of a cancer patient reveals that more than one crore of cancer cells are lodged in his blood. So it is not possible to make the circulatory system free from cancer cells by the application of the radiation and surgery, as these have

relation with a part of the patient, not the patient as a whole. Chemotherapy is destined to kill the cancer cells only, but during the course of treatment it kills cancer as well as normal cells which may not be a procedure of treatment. Previous cancer director, Dr. P.N. Wahi says that chemotherapy is nothing but an alternative to death. Lastly in 1966 a scholar from Anderson Hospital established a new light in the treatment of cancer. According to him there is a constant fighting between immunity and cancer cells; when immunity reduces, cancer develops. This phenomena can be represented as a war between life principle (Vital Force) and inimical agents (Cancer Cells). So treatment should be such that it should enhance the immunity or vitality against the moribific agent.

From the above discussion, it emerges that only Homœopathic treatment considers the patient as a whole and it enhances the immunity there by increasing the potentiality of the patient. So that the victims become free from cancer.

Being on this idealism, it is suggested to introduce cancer treatment through administration of homœopathic medicines. With the collaboration of Regional Centre for Cancer Research, Cuttack, the following cases are cured by applying homœopathic medicines :—

- | | |
|-------------------------|------------------|
| 1. Anirudha Sahoo | - Cheek Cancer |
| 2. Gourishankar Acharya | - Rectum Cancer |
| 3. Ramani Devi | - Uterine Cancer |
| 4. Puran Chandra Barik | - Throat Cancer |

- | | |
|----------------------|-----------------|
| 5. E.B. Mallick | - Breast Cancer |
| 6. Basanta Kumar Das | - Tongu Cancer |
| 7. Lal Mohan Behera | - Tongue Cancer |

DISCRIPTION

CASE NO. 1. Shri Sahoo, Age-62 Yrs. Squamous cell carcinoma (left cheek) detected in Regional Centre for Cancer Research, Cuttack on 10-2-83 (Pathological Report available).

After radium therapy (30 times) the patient became bedridden hair fall, anorexia, constipation, headrooling, blurred vision, general debility, thirst and dysphagia were the predominant symptoms. Left cheek was violet, ulcer area was estneded to the angle of the left side of the mouth. Left side cheek, whole of the tongue and left side of the palate were painful with altered voice. Patient came to me on 8-4-85 after two years of allopathic treatment.

8-4-85. Along with the above symptoms, sour taste, sour eructation discomfort after eating and nausea were the main features. Constipation was his normal complaint since his youth. *Nux-Vomica* 30/6 doses, twice daily for three days after principal food.

24-4-85. Sour taste, eructation and constipation reduced but phosphaturia dysuria and spermatorrhea were predominant sypmtoms. *Acid phos*, 6/1 dram one dose daily for 7 days.

2-5-85. Phosphaturea reduced, flatulency, rumbling-sound and dyspepsia aggravated in evening and subsidised at

night (after 9-00 PM). *Lycopodium* 6/6 doses, daily one dose, morning.

28-5-85. No urinary and stomach complaint : pain in left cheek pain aggravated at night and pyrosis. *Merc. Sol.* 30/7 doses, daily one dose morning.

03-6-85. No pain and no pyrosis but discomfort in epigastrium after eating, slight sour taste in mouth specially after every meals *Nux-Vomica* 30/1 dram, at bed time daily one dose (25 days).

30-9-85. The patient was OK for 4 months, but pain in the innercheek and red area developed again on the affected part. Night aggravation and pyrosis was there, *Merc. Sol* 1M/1 dose (morning).

8-12-85. No pain. No red area patient is OK but alternate diarrhoea and constipation with sour eructation in milder form. *Nux-Vomica* 30/2 dram daily one dose at bed time, for one month.

24-8-86. No complaint everything OK. The cancer patient is not longer a cancerous one.

30-10-86. Prof Dr. Gouri Shankar, Acharya, Pathologist in Regional Center for Cancer declared that the patient is free from cancer. In the pathological report no malignant cell found.

CASE NO. 2. Shri Acharya, Age 19 yrs: Regional Cancer Centre declared him a cancer patient on 19-9-77. Head of the Department of pathology, offered this case for homœopathic treatment. Severe pain, constant offensive smell and blood discharge were predominant symptom of the cauli-flower like growth in the rectum.

After case study, he was given *calcareo carb.* 1M/2 doses. Patient told me regarding his comfort within 20 days. After that *calcareo flour* 12x morning and evening respectively were administered for one month. Discharge from the Condyloma and pain reduced and discharge became watery. *Calcareo flour* 30x and *Calcareo sulph* 30x were given for one month. The growth reduced to a gram like growth. Lastly *Acid Nit* 1M/2 doses was given. After six months of homœopathic treatment, he was declared as a non-cancerous by the Regional Centre for Cancer Research Cuttack.

CASE NO. 3. Mrs. Devi, Age 55 yrs: She was suffering from uterine cancer and was detected in a cancer camp organised by Govt. of Orissa, She came to me with profuse bleedings and having long standing leucorrhoea. Flow was hot and full of clots *Belladonna* 200/3 doses, 8 hourly was given. Bleeding reduced patient felt better. After a few days, bleeding started, *phosphorus* 1M/3 doses, 8 hourly was given. After 20 days *phosphorus* 10M was administered. The same medicine was repeated after 3 months. Then the patient was followed up. After one year patient was declared negative in Regional Cancer Centre Cuttack.

CASE NO. 4. Shri Barik, Age 64 yrs: He was declared as a cancer (throat) patient by Regional Centre for Cancer Research Cuttack. 1st operation then radio therapy and lastly chemo-therapy could not save him; He came under the treatment of homœopathy on 24-7-1988.

24-7-88. Anorexia, blurred vision, intense pain in the throat with neck (rt) swelling, thirsty for little quantity of water but frequently, stool not clear, insomnia were there. *Nux.mochata* 30/5 doses was given (daily one dose).

29-7-88. Pain reduced but more in night, dryness of mouth, dull drowsy and dizziness were there. Swelling was there with slight dysphagia, pain from throat to ear. *Phytolacca* 30/1 dram globules No. 30 once daily.

21-8-88. Same medicine.

13-9-88. Dull pain only *Phytum*.

25-9-88. Pain started- *cobalt. met* 30/5 doses (to combust the bed effect of radiation).

30-10-88. Beautiful improvement, No medicine.

15-11-88. No medicine, as there is no complaint.

22-11-88. Pyrosis-night aggravation, slight dysphagia. *Merc-sol* 30/3 doses (daily one dose).

25-11-88. No abnormal symptoms. No medicine.

1-12-88. Early morning urgency for stool. *Sulpher*. 200/1 dose.

10-12-88. Patient was declared negative (R.C.C. Cuttack).

CASE NO. 5. Mrs. Mallik Age 50 yrs : Cancer of breast detected in regional cancer centre cuttack. One by one allopathic doctors applied chemotherapy, Radium therapy and lastly surgery, but the condition became worse. Patient became bedridden. Gradual emaciation, anorxia, blurred vision, constipation were there. She could not speak during inspection. Only She was coughing and coughing

temperature (101°F) was there with paroxysm. Mid day and mid night aggravation with thirst for little quantity of water. *Arsenic. Alb.* 200/2 doses were given 24 hourly. Temperature reduced but cough aggravated after eating. *Nux-Vom.* 30 was given for 15 days (daily one dose). Cough, fever and sound from throat were reduced. Size of the cancerous tumour reduced but existed 60% *Phytolacca* 6 was given for 20 days (daily one dose). Size reduced to a Bengal gram. After eight months of homœopathic treatment the patient is completely cured and detection was done in Regional Centre for Cancer Research Cuttack.

CASE NO. 6. Mr. B.K. Das Age 47 yrs: Cancer of base of the Tongue, detected in Regional Centre for Cancer Research Cuttack on 31-5-88 and report was moderately differentiated squamous cell carcinoma. Radium therapy, chemotherapy were taken by the patient. On 2-5-89 pathological report revealed that there was well differentiated squamous cell carcinoma. On 25-6-89 patient came to me for homœopathic treatment.

25-6-89. Leukoplakia whole tongue, palate, both cheek and base of the tongue was red. Hoarseness, thirst for little quantity of water frequently, altered voice; like to remain fasting. Insomnia, constipation, feels always discomfort after food, acidity phosphaturia, piles and stone in urinary bladder operated. Over studies and rigid mind. F/H★ : Father-habitual constipation. *Nux vomica* 30/7 doses at bed time for 7 days.

9-7-89. Stool and voice improved, pain rightside throat, mild dysphagia, urine and piles no trouble. Leukoplakia reduced *Radium. B.* 30/7 doses for 7 days.

13-8-89. Biting the cheek when chewing/no pain, no dysphagia, urine-OK, *Borax* 30 - daily two doses for one month.

17-9-89. Beautiful improvement white area - reduced 75% all other symptoms near about normal. *Borax* 30 - daily one dose for one month.

5-11-89. Except faint leukoplakia and dryness of mouth every thing OK patient also gained weight and health. No Medicine.

3-12-89, Every thing OK. No Medicine.

5-3-90. Pathological report from Regional Centre for Cancer Research revealed that there was no malignant cell. The patient is completely cured by homœopathic medicine, within 8 months treatment.

CASE NO, 7. Shri L. Behra Age 60 yrs. (Metastatic Well differentiated squamous cell carcinoma Tongue detected in Regional Centre for Cancer Research Cuttack on 21-9-89).

After 30 times radium, the patient became bed-ridden, constipation, general debility, thirst for little quantity of water,

dyspepsia, pain in left ear, left cheek and whole tongue were there. Likes warm application. Neck gland swelling. No taste in the mouth, dysphagia, lack of digestion. F/H★: Mother - piles and left side neck gland swelling.

6-3-90. *Merc. Bin. Iodide* 6/7 doses (daily one dose).

20-3-90. Improvement is there but burning pain. *Radium Bromide* 30/7 doses (daily one dose).

5-4-90. Indigestion, constipation and after eating discomfort in epigastrium. *Nux - Vom* 30/5 doses (at bed time daily one dose).

6-5-90. Patient is OK but fever (occasional attack). *Arsenic. Alb* 200/2 doses *Phytum.* 30.

21-6-90. Pain in milder form; it shoots to the ear (left) *Merc-Bin-Iodide* 6/7 doses (daily one dose).

16-7-90. No complaint. *Carcinocine* 1M/1 dose.

27-7-90. Pathological report revealed that there was no malignant cell.

Patient is under strict medical care and follow up. As the patient is very old occasionally he requires *Merc. Bin. Iodide* 6 or *Merc. Sol* 30.

★F/H Family History.

Address for Correspondence

Dr. Tarakanta Das
c/o Inspector of Homoeopathy
At / P. O. / Disst. Balasore
Orissa, INDIA.

Accurate Manner To Restore The Health

Respecting

Modern Scientific Medicine.

KEN MAC. ARIF ISMAIL 'MAISHI'

Preamble

For what purpose I venture to awake my co-professionals? For what sake, the Creator of universe has brought me into existence on this great planet the Earth? -To estimate the principle and weal of humanity. According to the traditional truth of history, when the followers of a specific art sleep and relectant to pay attention to their profession the art becomes opaque. My intention through this work is to protect the prosperity of one of the noblest healing art—Medicine.

Under the canopy of sky it is not only true for this world alone but it is equally true for the entire universe that since the creation of man it has been felt that every particle of the universe is dependent on each other. History stands witness that whenever man, under the influence of his devilish thinking, has tried to draw a line of demarcation between different objects he has been deviated from the right path. It is either our ignorance or innocence or it may be said the arrogance of our existence which leads to an over confidence on our observation or other senses that we delink the visible objects from that Supreme Power which is the sole ultimate reality and on which the existence of all the visible and even invisible objects depends.

It is commonly seen today in the followers of this noblest art-Medicine, that they are running after money, taking too much time to relieve even from a minor disturbance of a patient, want to escape from hardwork, silent to accept the useful discoveries and all divided among themselves, each acting by himself. But the professional morality and requirment of this divine healing art-Medicine, that the use of our intellectual talents and devote ourselves for the sake of humanity. The Father of mankind has given us an eternal source to think—A mind, if we use, it may be possible to reach not only the satisfaction of all our requirments but also the great aim of our life.

Medicine is the science of experience, an art of healing and the way to eradicate disease in most perfect manner rapidly' gently and permanently. Instead of it those persons who do it in a most tedious, painful and dangerous manner they are neither physicians nor doctors of medicine nor the followers of the noblest, art. This art, so indispensable to suffering humanity, can not, therefore, remain concealed in the unfathomable depths of obscure speculation or be diffused throughout the boundless void of conjecture. It must be accessible to us with in the sphere of vision of our external and internal perceptive faculties.

It is my first step through this work to devote myself for the sake of suffering humanity. I take oath and swear by my religion that I will always go on the path of truth and discharge my professional duties religiously and remain for ever honest to my profession. Right now, I am publishing the frist part of my essay, 'Accurate Manner To Restore the Health.' I believe the followers of the noblest art-medicine, will pay an attention to whatever I wish to say.

Bhopal
3.12.1990

Ken Mac .A.I. "MAISHI"

Dynamization-The actual Power of cure in Medicine PART-I

Hahnemann, the Father of modern scientific medicine, not only gave us the concept of 'similia' principle for curing but also gave the concept of dynamization of drug substances which (dynamization) is actual power of cure in medicine according to his '*ORGANON*'. But there is a major misunderstanding among allopaths as well as among Homœopaths, that homœopathic medicines are 'Dilutions alone' but it is not so. This theme has given new ideas and has led to discoveries under a scientific manner showing as to how the effectiveness of high potencies in medicine is stabilized. Let us now turn the pages of mental encyclopedia of our memories-For the past many generations the experiences of physicians have verified the effectiveness of high potencies in medicine. Moreover, these are also established by biological as well as physical and chemical reactions proved experimentally on healthy human beings as well as on patients, who take countless benefits from these high potencies. But it is difficult to understand the phenomenon in the context of mythical values in the light of time-barred scientific notion.

When a chemist wants to detect a particular component from a solution or mixture, which is responsible for some physiological or physical effects, he may contrive some process like crystallization, distillation or to concentrate it. His experiment is verified if effect increases, thus madam Curie extracted a few grams of radium from tons of pitchblende, Adams, 1989. Why in homœopathic preparation do

we dilute the drug to increase the potency instead of concentrating it?

I believe, rather firmly that potencies are not mere dilutions-'Dilution alone'; To quote Hahnemann 'When a grain of common salt is dissolved in water it produces the merest water. Diluted with a vast amount of water, the salt simply disappears this never makes it into a medicine, yet by our well prepared dynamisation the medicinal virtue of common salt is wondrously revealed and enhanced.'- because dilution is entirely a different thing from potency. In potentization we allow some processes to enhance and preserve the medicinal virtues (which are the active principle) of medicaments by trituration and succussion.

In potentization we give a certain treatment and provide a field by means of vehicle to the drug substances Hahnemann says in his '*chronic-disease*' "Homœopathy, by a certain treatment of the crude medicinal substances which had not been invented before its foundation and development, advances them into the state of progressive and high development of their indwelling forces, in order that it may then use them in the most perfect manner." and at another place he again says in this connection, "Homœopathic dynamizations are processes by which the medicinal properties' which are latent in natural substances while in their crude state, become aroused, and then become enabled to act in an almost spiritual manner on our life, *i. e.* on our sensible and irritable

fibre. This development of the properties of crude natural substances (dynamization) takes place, as I have before taught, in the case of dry substances by means of trituration in a mortar, but in the case of fluid substances, by means of shaking or succussion, which is also a trituration,

These preparation can not be simply designated as dilutions, although every preparation of this kind, in order that it may be raised to a higher potency, *i. e.*, in order that the medicinal properties still latent within it may be yet farther awakened and developed, must first undergo a further attenuation, in order that trituration or succussion may enter still further into the very essence of the medicinal substance and may thus also liberate and expose the more subtle part of the medicinal powers that lie hidden more deeply, which could not be effected by any amount of trituration and succussion of the substance in their concentrated form."

These are the genuine reasons why we dilute the medicaments instead of concentrating it. The word 'Latent' used by Hahnemann in the ofersaid quotetion means a form of energy (medicinal active principle) which is mysteriously hidden in a crude medicinal substance which is immeasurable through any physical scale. So, inspite of knowing that we arouse the spritual essence (which is the active principle,) from the crude medicaments by the process of trituration and succussion why should we tend to be rather keen on the prevailing molecular theories of matter

according to which the number of molecules in a gram-molecule of any substance is of the order of 10^{23} (Avogadro's or Loschmidt's hypothesis number).

For the sake of curing, as a physician we are not allowed to perceive the material in medicines, on the contrary, we should perceive clearly that, what is curative and what is the active principle in medicines. According to the old school of medicine they always tend on the material property of medicines which are recognised as a palliatives and take too far time to palliate the symptoms even acute by experience on many patients. Thus homœopathy the modern system of medicine has given new ideas about crude medicines to convert them in highly dynamized form to make more and frequent active remedies by Potentization. In accordance with molecular theory if we start with a solution under the technique of potentization by the 23rd or 24th decimal potency only a single molecule would be left the molecules or their constituent atoms and sub particles protons, electrons and neutrons etc. are responsible for increasing potency in homœopathic preparation. I have quoted above that the active principle will get preserved in the higher potentized homœopathic dilutions and the energies which are always present in latent form in crude substances are raised to the higher level according to the theory of electrostatic induction and electromagnetism. Hahnemann was the first to give a theory to take benefit of these facts in a manner for medical science, and alter

the old school mode of treatment, which were too much injurious than preserve the health. Now what is the difficulty to accept these natural facts, proved experimentally, by allopaths and other orthodox system of medicine ?

The Homœopathic dynamization may be understood with the help of modern physical theories, *i.e.* when a drop of drug substance is put in 99 drops of non medicinal vehicle (in centesimal scale) and then the succussion beings, according to the electrostatic and electromagnatic theory the charge of atoms on drug substances rather increases and that whole non medicinal vehicle becomes loaded with a higher medicinal property. It is known from the study of physics that increased surface greater distance enforced by an indifferent medium (say, protective medium for colloids, dielectric for electrolytes) and greater regularity in their arrangements, all tend to raise the level of potential energy of a substance. The retention of an elevated energy level in the case of such a potentised drug means stored energy which comes active when required conditions arise.

Suppose that the given substances are vehicle and drug substance, and each receives a fixed charge in fixed frequency (created by stroke). We have to prove that charges distributed themselves (by trituration) over the surface on the vehicle from drug substance which brings succussion in such a way that the energy 'Ce' is minimum. To establish this result let E be the true field and $E+E^1$ the field that arises when the charges are held fixed in different

position on the surface of vehicle. In this condition the surface of the vehicle will no longer be equipotentials, but the total charges from drug substance on vehicle is increased in this transformation from E to $E+E^1$. But the potency of vehicle (Alcohol, Sugar of milk or water) will not increase & transfer, because the vehicle in this manner is working as a field or as a solution for drug substance and there is no field for vehicle, (refer solute, solvent and solution theories).

By this process the potency not only increases but dynamic power also on sets that is why it is also called dynamization. This dynamic power - the homœopathic remedy being vigorous in nature acts directly on vital energy (the vital principle of human beings) which is also vigorous. The vital energy of body is only stimulated by those remedies which are already dynamised by such potentization. According to Hahnemann, "Let likes be treated by likes" It means the crude drug substance which are total materialistic can never be effective on vital energy because it (vital energy) is an immaterial autocratic and vigorous dynamic power. By the hitherto scientific principle a materialistic force can not act properly upon the immaterialistic autocratic dynamic power or spiritual properties of a particular substance. So vital energy (dynamic plane) is always to be stimulated by a similar forceful dynamic energies, which are only present in homœopathic potentized remedies, under the question of curing only this principle has worked.

The term 'similar' not only indicates that

the drug pathogenesis on a sick person manifests similar symptoms which are manifested on a healthy individual at the time of proving, but also indicates the dynamic principle and its nature of work according to universal constant law and facts, till date it is only accepted by homœopathy that is why Homœopathy is an unique pathy of its own form,

The materials in drug substance are responsible for their action only on the organs of the body not on the vital energy. They may manifest their pathogenetic action under a criterion never proceed for cure, they only suppress, palliate and subside the symptoms with their materialistic action. In spite of knowing the fact, that crude drugs are always harmful and responsible for producing side effects why do the allopaths including the other followers of orthodoxian system of medicine, prescribe the drug in crude form? When they coincide with the aforesaid views then why don't they use the homœopathic method of potentization, based on universally accepted theories, for preparation of medicine. Nevertheless if they are under doubt they give me an answer of the following :

- What are Radioactive Rays?
- What are Microwaves?
- What are Atomic intensities?
- What is Electric current?
- What is Latent heat of Steam?
- What is latent heat of Ice?
- What is the chain of Aminoacids?

In terms of form they are also immaterialistic, invisible autocratic dynamic and latent energies and also immeasurable in terms of physical scale. How they are manufactured and what is their particular nature of work? In the same manner the

homœopathic remedies as well as vital energy work on dynamic plane. After that if they can not believe the facts, why they believe on the theories of Galileo Torricelli, Newton, Boyle, Huyghens, Dalton, Faraday, Lavoisier. These persons gave the physical and mathematical theories based on dynamization. Let us consider an example of the formation of electric current from water. We see that the charges of current are generated by the destruction of atoms, then the electrons come in order and current flows in a wire or any conductor, but there is no one in this world who could extract single molecule of water from electric current. Well you see, same in the case of latent steam of heat no one is there who can measure the intensity of latent steam of heat in physical scale. Apart from these examples, so many controversial theories and facts are there in the nature but the innocent physicists and chemists are still ignorant from these facts so many biological and mathematical concepts are unable to explain themselves, due to hitherto structure of physics and chemistry and other disciplines of science.

Homœopathy experimentally proved the effects of potencies (Voegeli, 1989) it is not only that process by which we increase the effects of drug substance that are soluble in water or in alcohol but also convert the physico-chemical properties of those elements and substances which are insoluble in water and alcohol and make soluble its active principle in both fluid. In this connection Hahnemann says, "Not only, as shown elsewhere, do these medicinal substances thereby develop their

powers in a prodigious degree but they also change their physico-chemical demeanor in such a way, that if no one before could ever perceive in their crude form any solubility in alcohol or water, after this peculiar transmutation they become wholly soluble in water as well as in alcohol—a discovery invaluable to the healing art." The brown black juice of the marine animal sepia, which was formerly only used for drawing and painting, is in its crude state soluble only in water not in alcohol; but with trituration its active principle becomes soluble also in alcohol. The yellow petroleum only allows something to be extracted from it through alcohol when it is adulterated with ethereal vegetable oil, but in its pure state while crude, it is soluble neither in water nor in alcohol nor in ether by trituration its active principle becomes soluble in both substances, and also the spores of *Lycopodium* float on alcohol and on water without either of them showing any action upon it—the crude *lycopodium* is tasteless and inactive when it enters the human stomach, but when changed in a similar manner through trituration its active principle is not only perfectly soluble in either fluid, but has also developed such extraordinary medicinal powers that great care must be taken in its medicinal use.

Hahnemann gave us these facts after proving through experiments which are still unknown to chemistry? But we should believe on these facts because these are proved by perfect scientific experiments *i.e.* *Lycopodium*, Gold, *Natrum-mur* (NaCl), Quartz, Alumina seem to have no medicinal properties but all become wonderously

curative by trituration and succussion, like these other substances in their crude state are so violent and harmful in their effects even in the smallest quantities, like Arsenic, Acids, Mercury and other corrosive sublimate, by such trituration they become not only mild in their action and effect but also develop in them medicinal power. Besides these, so many harmful and penetrating radiation *i.e.* X-rays, Gamma rays etc. are now valuable in homœopathy by such preparations. Nosodes are also very valuable after potentization for example we take nosodes from syphilis, cancer, tuberculosis, and make *syphilinum*, *carcinosis*, *tuberculinum* respectively and administer these to prevent and cure the same disease, if we try we may also cure the AIDS, the so called uncureable disease of this century by such methods.

Now we have to discuss about energies and laws of conservation of energy, because homœopathic medicines are prepared from imponderable substances too. They may be heat, light, rays-bio & psychological as well as physical even including "animal magnetism" to name a few, were until then still beings thought of as tenuous if not imponderable substances. The supposed substance of warmth was called "Caloric" Lavoisier (1789) included heat and light among the chemical elements. Rumford's experiments were widely supposed to have released the "Caloric" from the iron made hot by frictions. Even 1824 when in his "*Puissance motrice du feu*" Carnot in effect discovered the second law of thermodynamics, soon to become a cornerstone of physics, he still interpreted it in terms of "Caloric".

Perhaps this idea of imponderable essences is in the light of present day ideas no longer quite so wide of the mark as it might have seemed sixty years ago. It should at any rate, be borne in mind when he describes as "*feinstofflich*" delicately substantial or as 'virtual' or 'well-nigh' spiritual the active principle set free from the material during the rhythmic process of dilution, trituration and succussion (Adams. (1989).

We have to consider for a moment in a human and historic spirit as to what it was that gave the orthodox scientific outlook, its strength, accounting too for the intolerance with which the claims of homœopathy have only too often met. It was the combination of an instinctive and robust materialism with the mathematical clarity and cogency of theories supported by experiments and observations. These concepts have a clear picture that Homœopathic medicines are more effective and act rapidly than allopathic ones and other systems of medicine, due to its high efficiency and potent energy (If they are *similimum* and in accurate potency) and now homœopathic philosophy is reverified in a scientific manner which is never negligible under the point of views of orthodoxians because it holds correct opinion on religion as well as on scientific beliefs. The doctor, physicians who are honest to their profession like their religion they always encourage this modern system of preparation of medicines which under lies on the Universal constant principle, and has been proved more profitable than other systems of preparation of medicines.

Hahnemann gave these modernisations to medical science. His appearance

is phenomenal and his position is unique in the entire world of medical science. In a simple way it may be said that homœopathy is modern face against superstition, eclipse dark ages of Greek culture, it is the rediscovery and reinterpretation of Greek medical literature at the renaissance emphasizing rational thought and accurate observation, the application to medicine of the newly developed scientific methods of observation, hypothesis and experimental verification which are all in *Organon* the *Organon* is not a simple book, it has complete administration for a true physician and a doctor of medicine. That is why I have to tell emphatically that the *Organon* is not only the *Gita*, *Bible*, *Granth*, *Shastra*, of Homœopathy but it is the *Gita*, *Bible*, *Granth*, *Shastra* for all medical sciences (which are keenly devoted for the sake of patient and sickness of humanity like Homœopathy) and is the more accurate, honest, logical scientific and complete philosophical literature and its unique art of potentization is a great discovery for the healing as per "*Similia Similibus Curentur*". A physician or a doctor can never ignore this factor of cure because it is only that factor by which we shall reach the actual cure in the sense of arrangement of vital energy (on dynamic plane) without dynamised remedies no one can cure a patient because the master of modern medical science Dr. Hahnemann himself realised that the active principle on vital energy is not in the form of Physical matter.

In paragraph 370 of the 6th edition of "*Organon*" he wrote "If this mechanical treatment is properly done, following the

precepts given above the result is that the medicinal substance, which in the crude state existed entirely as physical matter ... is ultimately completely subtilized by such higher and higher dynamization and transformed into medicinal power that is non-physical. It is no longer perceptible to the sense —" (Voegeli 1989).

The nonphysical means in the sense of above lines become Dynamic and preservation of the active principle which may only be possible by potentization of a drug substance by trituration. Under these concept of immaterial and dynamic nature of potencies this science of healing has taught that, a physician should choose an accurate potency for curing by observing the severity of disease and rate of derangement of vital energy in the body of patient. Our master always used potentize remedies which no longer contained molecules of the original substance but contained active principle and their medicinal properties in the form of energy. we can say Hahnemann was almost always working within "substantial medical principal."

Right now, after this discussion some people find it impossible to think that could actions be effective other than those based on a physical substance nor were they able to accept that trituration or succussion could develop energies in a substance that would have an effect on a living organism. Nevertheless, I have given through the logic penetrating in the fields of physics and chemistry. It is a well known facts that electrical

energy arises in a voltaic element or if a glass or amber rod is rubbed with a woolen cloth. Now a days we are ofcourse familiar with such immaterial effects in electronics. Thousands of examples exist to show that Hahnemann was Investigatively on right track when he referred to his homœopathic potencies as vehicle for a nonphysical medicinal power. Let us put it plainly, therefore, the homœopathic potencies are forms of energy comparable with the induction effects of a solenoid that becomes magnetic when a current passes through it and attracts or rejects iron. In the same way homœopathic energies have an effect on any thing that is apparent to the eye or palpable in the patient. There is also a verification for homœopathic energies that in solvent if it is so that doubling the number of drops in pillules or also if doubled the pilluls, in no way this will doubles the potency but has an effect that differs from case to case and can not be foreseen. Here comparasion with the effect of a spark in a keg of gun power offers an example nothing will happen unless the spark ignities the gun powder, but when it does so it causes an explosion, a doubling the material of matter will not increase the intensity, or doubling the intensity of spark will not increase the intensity of the explosion, which will remain the same (Voegeli 1989). So it is the homœopathic potency that gives improvements or a cure, which depends upon the nature of the disease and the state of the "*Vis Medicatrix Nature*". If vital organs have already sustained serious damage it will take as long as the organism needs to effect repairs and they may be weeks or

even months. If disorder is only at the level of vital functions, which is frequently the case; if there is pain recovery it rather takes only a fraction of a second. So, I deemed it necessary to discuss these experimentally

proven truths in some details because they are fundamental to the physician and modern medical science. No one can be a genuine practitioner who has not grasped this.

REFERENCES

1. Adams G. (1989) Potentization and peripheral forces of nature, *Br. Hom. J.* 78, 2 : 69.
2. Ibid : 70
3. Ibid : 72
4. Fritz, H, Popp A, (1990) *Br. Hom. J.* 79, 3 : 162.
5. Ibid : 164
6. Ibid : 165
7. Hahnemann, S, (1835) *The chronic diseases their peculiar nature and their homœopathic cure* B. Jain, Pub. Co. N. Delhi : 145.
8. Ibid : XIX
9. Ibid : 145
10. Ibid : 146
11. Idem : *Materia Medica pura* Vol. II B-Jain Pub. New Delhi 1989 : 43-46
12. Voegeli A. (1989), choice of potency in homœopathic prescribing, *Br. Hom. J.* 78, 2 : 80.
13. Ibid : 81
14. Ibid : 83

Address for Correspondence

Ken Mac A. I. "MAISHI"

Hahnemann Homœopathic Medical College,
Institute of Research and Associated Hospitals
58, Noor Mahal Road, Bhopal 462 001,
INDIA. Phone : 76101 - 76185.

ACTA CLINICA SCIENTIA

P.O. BOX No. 15 G. P. O. BHOPAL - 462 001 INDIA

Information for Membership

Dear Sir / Madam,

Acta Clinica Scientia, accepts relevant brief communications and full length papers for rapid publication pertaining to research of commercial or academic importance. The Journal embodies papers covering all offshoots and sister disciplines of medical sciences as well as inter-disciplinary fields.

Acta Clinica Scientia publish two issues annually-in January and July.

Subscription rates are as follows :

Individuals— Rs. 50/- (\$ 30)

Institutions— Rs. 125/- (\$ 65)

Life member

Life member Ship

(Individual) Rs. 500/- (\$ 300)

(Institution) Rs. 1250/- (\$ 650)

Membership Form

The Editor,

Acta Clinica Scientia

P. O. Box No. 15 (G. P. O.), BHOPAL-462 001 India,

Dear Sir,

I am interested in subscribing volume(s).....(199.....) of the *ACTA CLINICA SCIENTIA* Please find herewith enclosed Bank draft/I.P.O. No..... of Rs./\$.....(Rupees/U. S. Dollars.....) for the same. Please enrol me as a member and acknowledge receipt.

Full Postal Address :

Signature.....

Full Name.....

(in block capital letters)

Pin :

Place :.....

Date :.....

Note : All Registered Letters & subscriptions alongwith the membership form duly filled should be sent to the *Acta Clinica Scientia*, Hahnemann Homœopathic Medical College, Institute of Research & Associated Hospitals, 58, Noor Mahal Road, Bhopal. 462 001 - India. Ph. 76101, 76185.

STATEMENT OF OWNER SHIP AND OTHER PARTICULARS ABOUT NEWSPAPER.

Acta Clinica Scientia (Form IV, *vide* Rule 8)

1. Place of Publication... — Bhopal 462 001 (INDIA)
2. Periodicity — Biannually
3. Publisher's Name — Ken Mac. Arif Ismail "MAISHI"
- Nationality — Indian
- Address — 58, Noor Mahal Road, Bhopal 462 001
(INDIA)
- Editor's Name — Ken Mac. Arif Ismail "MAISHI"
- Nationality — Indian
- Address — 58, Noor Mahal Road, Bhopal 462 001
(INDIA)
- Editor's Name — Ken Mac. Arif Ismail "MAISHI"
- Nationality — Indian
- Address — 58, Noor Mahal Road, Bhopal 462 001
(INDIA)

Names and address of individual who own the News Paper and partners or share holders holding more than one percent of total Capital

- Nil -

Ken Mac. Arif Ismail "MAISHI" hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date : 31-12-1990

Sd. /—

Ken. Mac. A. I. MAISHI